

Jul. 16. 2008 5:38PM

No. 0748 P. 3

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED

2009 JUL 21 A 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000695 1. Entity Name TRINITY FUND, LTD.					
Principal Place of Business 1819 GOODWIN STREET JACKSONVILLE, FL 32204			Mailing Address 1819 GOODWIN STREET JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHRITTON, J. KIRBY C/O ROGERS, TOWERS, ET AL 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
FILE NOW!!! FEE IS \$900.00 On or after September 12, 2008, Fee will be \$1000.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	<div style="font-size: 1.5em; font-family: cursive;">01/14/08 01052 066</div> <div style="font-size: 1.5em; font-family: cursive;">\$500.00</div>	
NAME	MCNULTY, THAD L		CITY-ST-ZIP		
STREET ADDRESS	1819 GOODWIN STREET		CITY-ST-ZIP		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
DOCUMENT #	P95000031289		STREET ADDRESS		
NAME	TRINITY CAPITAL OF JACKSONVILLE, INC.		CITY-ST-ZIP		
STREET ADDRESS	1819 GOODWIN STREET		CITY-ST-ZIP		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: _____			7/14/08 904 355-7799		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING GENERAL PARTNER</small>					

STAPLE CHECK HERE