

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000002009**

1. Entity Name  
**SPIRIT FUND, LTD.**



Principal Place of Business  
**1819 GOODWIN ST.  
 JACKSONVILLE, FL 32204**

Mailing Address  
**1819 GOODWIN ST.  
 JACKSONVILLE, FL 32204**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3351592**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHRITTON, J. KIRBY  
 ROGERS, TOWERS, BAILEY, JONES & GAY, P.A.  
 1301 RIVERPLACE BLVD., STE. 1500  
 JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record.

**\$100,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**MCNULTY, THAD L  
 1819 GOODWIN ST.  
 JACKSONVILLE, FL 32204**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**P95000031299  
 TRINITY CAPITAL OF JACKSONVILLE, INC.  
 1819 GOODWIN ST.  
 JACKSONVILLE, FL 32204**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**WHITE, GEORGE M  
 1819 GOODWIN ST.  
 JACKSONVILLE, FL 32204**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Thad L McNulty*  
**Thad L McNulty**

*7/19/04*  
 Date

*904 355-7799*  
 Daytime Phone #

STAPLE CHECK HERE