

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 19, 2006 08:00 A
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.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3351592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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
 CITY-ST-ZIP

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

STREET ADDRESS
 CITY-ST-ZIP

U00000565200
05/20/06-80125-001 500.00

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 #
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STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/06

Date

904 355-7799

Daytime Phone #

STAPLE CHECK HERE