

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003400 AV

DOCUMENT # A97000000438



1. Entity Name
SAN ANTONIO TRINITY INVESTMENT, LTD.

FILED
03 MAY -6 PM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business 2523 BURNS ROAD PALM BEACH GARDENS FL 33410	Mailing Address 2523 BURNS ROAD PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number 65-0794437	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

**DIVOSTA, GUY M
2523 BURNS ROAD
PALM BEACH GARDENS FL 33410**

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

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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

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DOCUMENT # P97000015932 NAME TRINITY TEXAS, INC. STREET ADDRESS 2523 BURNS ROAD CITY-ST-ZIP PALM BEACH GARDENS FL 33410	STREET ADDRESS CITY-ST-ZIP
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05/06/03--01064--022 **526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/03

Date Daytime Phone #

CR2E003 (10/02)

SIMPLE CHECK FILING