


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A97000001871</b>			
1. Entity Name <b>TRINITY HERITAGE ENTERPRISES, LTD.</b>			
Principal Place of Business <b>4717 DOLPHIN CAY, APT. A-508 ST. PETERSBURG FL 33711</b>		Mailing Address <b>4717 DOLPHIN CAY, APT. A-508 ST. PETERSBURG FL 33711</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

**04 MAR 17 AM 8:43**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

*MJM*



**MOORE CR2E003 (11/03)**

*3/17*

4. FEI Number **59-3463357**  
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>KNEEBUSCH, CARL W 4717 DOLPHIN CAY, APT. A-508 ST. PETERSBURG FL 33711</b>		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. <b>\$10,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>10,000</b>	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>KNEEBUSCH, CARL W</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4717 DOLPHIN CAY, APT. A-508</b>		
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33711</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>KNEEBUSCH, STEVEN C</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4717 DOLPHIN CAY, APT. A-508</b>		
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33711</b>		
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CITY-ST-ZIP			

**100031851531**  
**04/06/04 01006 000 \*\*158.75**

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:** *Carl W Kneebusch gen partner CARL KNEEBUSCH 3/18/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE