

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**DOCUMENT # A97000001871**

1. Entity Name

TRINITY HERITAGE ENTERPRISES, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -9 AM 11:00

Principal Place of Business

4717 DOLPHIN CAY, APT. A-508  
ST. PETERSBURG FL 33711

Mailing Address

4717 DOLPHIN CAY, APT. A-508  
ST. PETERSBURG FL 33711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*[Handwritten signature]*



1ST MOORE

CR2E003 (10/04)

4. FEI Number

59-3463357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNEEBUSCH, CARL W  
4717 DOLPHIN CAY, APT. A-508  
ST. PETERSBURG FL 33711

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.

\$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

*\$10,000.00*

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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 KNEEBUSCH, CARL W  
STREET ADDRESS 4717 DOLPHIN CAY, APT. A-508  
CITY-ST-ZIP ST. PETERSBURG FL 33711

DOCUMENT #  
NAME KNEEBUSCH, STEVEN C  
STREET ADDRESS 4717 DOLPHIN CAY, APT. A-508  
CITY-ST-ZIP ST. PETERSBURG FL 33711

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300046721653  
02/17/05--01005--010 \*\*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 W. KNEEBUSCH, GEN. PARTNER* *2/4/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE