

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JUN 13 AM 9:51

<b>DOCUMENT # A97000001871</b>					
<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</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05312006    Chg-LP    CR2E003 (11/05)	
Zip		Country		<b>4. FEI Number</b> 59-3463357	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KNEEBUSCH, CARL W 4717 DOLPHIN CAY, APT. A-508 ST. PETERSBURG, FL 33711			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>Due by September 6, 2006</b>				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS	06/21/06--01013--004    **475.00	
STREET ADDRESS	4717 DOLPHIN CAY, APT. A-508		CITY-ST-ZIP	600076410406	
CITY-ST-ZIP	ST. PETERSBURG, FL 33711		CITY-ST-ZIP	06/21/06--01013--004    **475.00	
DOCUMENT #	NAME		STREET ADDRESS	05/26/06-01051-006-    \$33.75	
STREET ADDRESS	4717 DOLPHIN CAY, APT. A-508		CITY-ST-ZIP		
CITY-ST-ZIP	ST. PETERSBURG, FL 33711		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
<b>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</b>					
<b>SIGNATURE:</b> <i>Carl W. Kneebusch</i> CARL KNEEBUSCH			6/6/06    727-906-0277		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date    Daytime Phone #</small>		

STAPLE CHECK HERE