

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000000671**

1. Entity Name  
**TRIGEANT, LTD.**



Principal Place of Business  
**3020 N MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431**

Mailing Address  
**1001 MCKINNEY STE 1600  
HOUSTON, TX 77002-6401**

**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-1112037**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RAFFERTY, WILLIAM L JR ESQ  
1401 BRICKELL AVE  
SUITE 825  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008, Fee will be \$900.00**

**U00000898620  
04/28/08-80004-006 508.75**

**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 # **L01000004945**  
NAME **TRIGEANT LLC**  
STREET ADDRESS **3020 N MILITARY TRAIL SUITE 100**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

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IN THIS SPACE**

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**

**MANAGER**

**3/13/08**

**561-999-9916**

Date

Daytime Phone #

STAPLE CHECK HERE