


**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 <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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:**  **MANAGER** **3/13/08** **561-999-9916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE