A01000006 71

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

RECEIVED 03 AUG 12 PM 2:05 DIVISION OF CORPORATIONS

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000252017 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : RAFFERTY, GUTIERREZ, SANCHEZ-ABALLI, STOLZENBERG & GELLES
Account Number : I20000000207
Phone : (305)373-0330
Fax Number : (305)373-2735

A01-671

REGISTERED AGENT CHANGE

TRIGEANT, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$35.00

03 AUG 12 PM 2:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

8-12-03

H03000252017

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Trigeant, Ltd.
Name of the limited partnership

2. 05/16/01
Date of filing/registration in Florida

3. A01000000671
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

William L. Rafferty, Jr., Esq.
Name

1101 Brickell Avenue, Ste. 1400
Address

Miami, Florida 33131
City, State and Zip

03 AUG 12 PM 2:44

5. The name and address of the new registered agent and/or office:

William L. Rafferty, Jr., Esq.
Name

1401 Brickell Avenue, Ste. 825
Florida street address (P.O. Box not acceptable)

Miami, FL 33131
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Trigeant, Ltd.

By: , Vice President
Signature of General Partner Daniel Sargeant

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: $35.00

INFS041(8/98)

H03000252017