
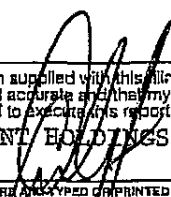


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A01000000827							
1. Entity Name TRIGEANT HOLDINGS, LTD.							
Principal Place of Business 3020 NORTH MILITARY TRAIL SUITE 1000 BOCA RATON, FL 33431		Mailing Address 3020 NORTH MILITARY TRAIL SUITE 1000 BOCA RATON, FL 33431					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-1115375			
5. Certificate of Status Dealt				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable			
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RAFFERTY, WILLIAM L JR ESQ. 1401 BRICKELL AVE. SUITE 825 MIAMI, FL 33131			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.			DATE	
SIGNATURE			DATE				
Signature, typed or printed name of registered agent and date if applicable.							
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.					
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			13. ADDRESS CHANGES ONLY				
DOCUMENT #	LQ1000008805		STREET ADDRESS				
NAME	TRIGEANT HOLDINGS, LLC		CITY-ST-ZIP				
STREET ADDRESS	3020 NORTH MILITARY TRAIL						
CITY-ST-ZIP	BOCA RATON, FL 33431						
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
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NAME			CITY-ST-ZIP				
STREET ADDRESS							
CITY-ST-ZIP							
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.							
TRIGEANT HOLDINGS, LLC							
SIGNATURE: By:  Daniel Sargeant, Authorized Repres. 4/24/05 800-998-7015							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							



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