

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # A0100000827

1. Entity Name  
 TRIGEANT HOLDINGS, LTD.



MAY -1  
 AM 10:45  
 MCKINNEY  
 STE 1600  
 HOUSTON TEXAS  
 77002-6401

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



**DO NOT WRITE IN THIS SPACE**

01112006 No Chg-LP CR2E003 (11/05)

4. FEI Number  
 65-1115375

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, 2006, Fee will be \$900.00**

**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 #	L01000008805
NAME	TRIGEANT HOLDINGS, LLC
STREET ADDRESS	3020 NORTH MILITARY TRAIL
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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100075286891  
 05/25/06--01024--020 \*\*563.75

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: \_\_\_\_\_

DAN SARGEANT

4/10/06

561-999-9016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 MAY 1 10:45 AM '06