

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01000000827

1. Entity Name
TRIGEANT HOLDINGS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY -1

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**

AM 10:45
100075286891
STE 1600
HOUSTON, TEXAS
77002-6401



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-1115375	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

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CITY-ST- ZIP	

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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

561-999-9916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

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