

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:42

DOCUMENT # A02000001745

1. Entity Name
 TRIGEANT EP, LTD.



Principal Place of Business
 3020 N. MILITARY TRAIL, STE. 100
 BOCA RATON, FL 33431

Mailing Address
 3020 N. MILITARY TRAIL, STE. 100
 BOCA RATON, FL 33431

1001 MCKINNEY
 Ste 1650
 HOUSTON, TEXAS 77002-6401



DO NOT WRITE IN THIS SPACE

01282008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3770916 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., STE. 825
 MIAMI, FL 33131

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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

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 # | L02000035095 |
| NAME | TRIGEANT EP, LLC |
| STREET ADDRESS | 3020 N. MILITARY TRAIL, STE. 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 | |

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STAPLE CHECK HERE

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: AUTHORIZED REPRESENTATIVE 3/13/08 561-999-9916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #