

**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

**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, 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

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200125463452  
04/24/08--01004--026 \*\*508.75

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

AUTHORIZED  
REPRESENTATIVE

3/13/08 561-999-9916

Daytime Phone #

STAPLE CHECK HERE