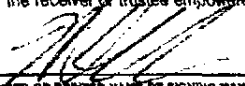


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                                                                                                                        |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>DOCUMENT # L01000004945</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                       |                                                        |
| 1. Entity Name<br><b>TRIGEANT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                                                        |                                                        |
| Principal Place of Business<br><b>3020 NORTH MILITARY TRAIL, SUITE 100<br/>BOCA RATON, FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                                                      | Mailing Address<br><b>3020 NORTH MILITARY TRAIL, SUITE 100<br/>BOCA RATON, FL 33431</b>              | <p>1001 MCKINNEY<br/>STE 1600<br/>HOUSTON, TEXAS<br/>77002-6401</p>  |                                                        |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                                                                                                                        |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | 01112006 No Chg-LLC CR2E063 (11/05)                                                                                                                    |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | 4. FEI Number<br><b>65-1112035</b>                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                             |                                                        |
| 8. Name and Address of Current Registered Agent<br><b>RAFFERTY, WILLIAM L JR, ESQ<br/>1401 BRICKELL AVE, STE 825<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                                                  |                                                        |
| 9. 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                                                                                                                        |                                                        |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                                                        |                                                        |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                                                                                                                        |                                                        |
| <b>000000548591<br/>05/12/06-80071-008 55.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |                                                                                                                                                        |                                                        |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                                                  |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGR<br/>SARGEANT, HARRY III<br/>3020 NORTH MILITARY TRAIL, SUITE 100<br/>BOCA RATON, FL 33431</b> |                                                                                                                                                        |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                                                                                        |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                                                                                        |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                                                                                        |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                                                                                        |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                                                                                        |                                                        |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                      |                                                                                                                                                        |                                                        |
| SIGNATURE:  <b>HARRY SARGEANT III</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      | 4/19/06                                                                                                                                                | 561-999-9916                                           |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      | <small>DATE</small>                                                                                                                                    | <small>Daytime Phone #</small>                         |