



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90081 038 ****50.00

DOCUMENT # L02000035095 1. Entity Name TRIGEANT EP, LLC					
Principal Place of Business 3020 NORTH MILITARY TRAIL STE. 100 BOCA RATON, FL 33431			Mailing Address C/O WILLIAM L. BAFFERTY, JR., ESQ. 1401 BRICKELL AVE STE 825 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3020 North Military Trail Suite, Apt. #, etc. Suite 100 City & State Miami, FL Zip Country 33431 USA			
					
02022004 Chg-LLC CR2E083 (10/03)					
4. FEI Number 59-3770915				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent RAFFERTY, WILLIAM L JR ESQ. 1401 BRICKELL AVENUE STE. 825 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SARGEANT, HARRY III 3020 NORTH MILITARY TRAIL STE. 100 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			Harry Sargeant, III 4/27/04 (561)999-9916		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					