

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000035095

1. Entity Name

TRIGEANT EP, LLC



**FILED**

03 APR 30 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3020 N. Military Trail

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Address

c/o William L. Rafferty, Jr., Esq.

Suite, Apt. #, etc.

1101 Brickell Ave., Ste. 1400

City & State

City & State

Zip

33131

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3770915

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

William L. Rafferty, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable)

1101 Brickell Ave., Suite 1400

City

Miami

FL

Zip Code

33131

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

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
Sargeant, Harry III  
STREET ADDRESS  
3020 N. Military Trail, Ste. 100  
CITY-ST-ZIP  
Boca Raton, FL 33431

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**DO NOT WRITE  
IN THIS SPACE**

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

4/21/03

800-998-7015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)