2507 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000032598

1. Entity Name

TRIGEANT ACQUISITIONS, LLC



Principal Place of Business

3020 NORTH MILITARY TRAIL, STE. 100 BOCA RATON, FL 33431

Mailing Address

3020 NORTH MILITARY TRAIL, STE. 100

BOCK RATION FL 3343TH 1001 MCKINNEY STE HOUSTON TEXAS 7700

401

FILED Mar 28, 2007 8:00 am Secretary of State

03-28-2007 90187 002 ****55.00

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02232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6: Name and Address of Current Registered Agent

RAFFERTY, WILLIAM L JR, ESQ RAFFERTY, STOLZENBERG 1401 BRICKELL AVE, STE 825 MIAMI, FL 33131

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

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.	(NOTE: Registered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARGEANT, HARRY III 3020 N. MILITARY TRAIL, STE. 100 BOCA RATON, FL 33431	
TITLE NAME STREET ADORESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET AODRESS CITY+SI-ZIP		
11. 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 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.		

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE