## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003337

Entity Name

TRIGON INVESTORS, LLC

Principal Place of Business

2222 HIGH POINT DR. CARROLLTON, TX 75007

FILED
Apr 19, 2006 08:00 Al
Secretary of State



DO NOT WRITE IN THIS SPACE

Mailing Address

2222 HIGH POINT DR. CARROLLTON, TX 75007

04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0089788

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC. 1333 N. DUVAL ST. TALLAHASSEE, FL 32303

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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, 2006

ANALONO MENOCEDO MANAGERO	
9	MÅNAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HURT, JEFF A
STREET ADDRESS	/ ·- · · · · - · · · · · · · · · · ·
CITY-ST-ZIP	PLANO, TX 75093
TITLE	MGR
NAME	JONES, KEITH
STREET ADDRESS	5910 W PLANO PKWY, # 100
CITY-ST-ZIP	PLANO, TX 75093
TITLE	MGR
NAME	LONGBOTHEM, JOE
STREET ADDRESS	5910 W PLANO PKWY, # 100
CITY-ST-ZIP	PLANO, TX 75093
TITLE	4
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	4.
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	

U00000518371 05/02/06-80008-008 55.00

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11. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

CITY-ST-ZIP

JA 4 /208

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/06

972-241-5900

Daytime Phone #