

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000003337

1. Entity Name
TRIGON INVESTORS, LLC



Principal Place of Business
2222 HIGH POINT DR.
CARROLLTON, TX 75007

Mailing Address
2222 HIGH POINT DR.
CARROLLTON, TX 75007



02232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

**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-STATE-ZIP
MGR
HURT, JEFF A
5910 W PLANO PKWY, # 100
PLANO, TX 75093

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
JONES, KEITH
5910 W PLANO PKWY, # 100
PLANO, TX 75093

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
LONGBOTHEM, JOE
5910 W PLANO PKWY, # 100
PLANO, TX 75093

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1100000659069
03/16/07-80016-002 55.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Jeff A. Hurt

2/28/07

972-246-5910

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

Date

Daytime Phone