

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003337

Entity Name: TRIGON INVESTORS, LLC

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

2222 HIGH POINT DR.
CARROLLTON, TX 75007

New Principal Place of Business:

Current Mailing Address:

5910 W PLANO PKWY
SUITE 100
PLANO, TX 75093

New Mailing Address:

FEI Number: 20-0089788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: HURT, JEFF A
Address: 5910 W PLANO PKWY, # 100
City-St-Zip: PLANO, TX 75093

Title: MGR () Delete
Name: JONES, KEITH
Address: 5910 W PLANO PKWY, # 100
City-St-Zip: PLANO, TX 75093

Title: MGR (X) Delete
Name: LONGBOTHAM, JOE
Address: 5910 W PLANO PKWY, # 100
City-St-Zip: PLANO, TX 75093

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: INVE (X) Change () Addition
Name: LONGBOTHAM, JOE
Address: 25 BRAEWOOD PLACE
City-St-Zip: DALLAS, TX 75048

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

CEO

03/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date