


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 25 AM 10:42


DOCUMENT # A02000001745  
1. Entity Name  
TRIGEANT EP, LTD.



Principal Place of Business  
3020 N. MILITARY TRAIL, STE. 100  
BOCA RATON, FL 33431

Mailing Address  
3020 N. MILITARY TRAIL, STE. 100  
BOCA RATON, FL 33431

1001 MCKINNEY  
Ste 1650  
HOUSTON, TEXAS 77002-6401



**DO NOT WRITE IN THIS SPACE**

01282008 No Chg-LP CR2E003 (12/06)

4. FEI Number  
59-3770916

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

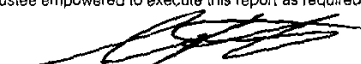
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L02000035095
NAME	TRIGEANT EP, LLC
STREET ADDRESS	3020 N. MILITARY TRAIL, STE. 100
CITY-ST-ZIP	BOCA RATON, FL 33431
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200125463452  
04/24/08--01004--026 \*\*508.75

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  AUTHORIZED REPRESENTATIVE 3/13/08 561-999-9916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #