

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001745

1. Entity Name

TRIGEANT EP, LTD.



**FILED**

03 APR 30 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4/30

MJM

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3020 N. Military Trail

3. Mailing Address

c/o William L. Rafferty, Jr., Esq.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

1101 Brickell Ave., Ste. 1400

**DUE BY MAY 1**

City & State

Boca Raton, FL

City & State

Miami, FL

4. FEI Number

59-3770916

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

William L. Rafferty, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable)

1101 Brickell Avenue, Suite 1400

City

Miami

**FL**

Zip Code  
33131

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.

DATE

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
L02000035095	Trigeant EP, LLC	3020 N. Military Trail, Ste. 100	Boca Raton, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

TRIGEANT EP, LLC, General Partner

SIGNATURE: By:

*[Signature]*, Harry Sargeant, III

4/21/03

800-998-9506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE