

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055621

FILED
May 01, 2006
Secretary of State

Entity Name: TR CAPITAL, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 20-1419102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

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: MGR () Delete
Name: MCGRUFF IV, WILLIAM A
Address: 9995 GATE PARKWAY NORTH, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGR () Delete
Name: MCAFEE, MICHAEL
Address: 9995 GATE PARKWAY NORTH, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGR () Delete
Name: SURFACE, DAVID
Address: 9995 GATE PARKWAY NORTH, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGR () Delete
Name: MCAFEE, MATTHEW S
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Delete
Name: DRIVER, JR., G. RAY
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MCAFEE, MICHAEL A
Address: 9995 GATE PARKWAY NORTH, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32246 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: G. RAY DRIVER, JR.

MGR

05/01/2006

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