2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055621

Entity Name: TR CAPITAL, LLC

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE INDEPENDENT DRIVE **SUITE 1200** JACKSONVILLE, FL 32202 US **Current Mailing Address: New Mailing Address:** ONE INDEPENDENT DRIVE **SUITE 1200** JACKSONVILLE, FL 32202 US 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 CONTEGA BUSINESS SERVICES, LLC ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE **SUITE 1200** SUITE 1200 JACKSONVILLE, FL 32202 US 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: CHRISTIAN M. COX, VP 05/01/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition MCGRIFF IV, WILLIAM A MCGRIFF IV, WILLIAM A Name: Name: 9995 GATE PARKWAY NORTH, SUITE 250 Address: ONE INDEPENDENT DRIVE, SUITE 1200 Address: City-St-Zip: JACKSONVILLE, FL 32246 US City-St-Zip: JACKSONVILLE, FL 32202 US (X) Change () Addition Title: MGR () Delete Title: MGR MCAFEE, MICHAEL A Name: MCAFEE, MICHAEL A Name: Address: 9995 GATE PARKWAY NORTH, SUITE 250 Address: ONE INDEPENDENT DRIVE. SUITE 1200 City-St-Zip: JACKSONVILLE, FL 32246 US City-St-Zip: JACKSONVILLE, FL 32202 US Title: MGR () Delete Title: MGR (X) Change () Addition SURFACE, DAVID Name: SURFACE, DAVID Name: 9995 GATE PARKWAY NORTH, SUITE 250 ONE INDEPENDENT DRIVE, SUITE 1200 Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 US City-St-Zip: JACKSONVILLE, FL 32202 US Title: MGR () Delete Title: () Change () Addition Name: MCAFEE, MATTHEW S Name: ONE INDEPENDENT DRIVE, SUITE 1200 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition DRIVER, JR., G. RAY Name: Name: ONE INDEPENDENT DRIVE, SUITE 1200 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 US 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: G. RAY DRIVER, JR. MGR 05/01/2007