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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TRL Baker, LLC (Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Krystal Watson	
(Name of Person)	
TRL Baker, LLC	2006 SEP -6 SECRETARY ALLAHASSE
(Firm/Company)	HE CO
10250 Normandy Blvd., Ste 702	7
(Address)	OF STATE
Jacksonville, FL 32221	TE A
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Krystal Watson	at (904) 483-3399
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations. P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ing amount:
 	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the Sta	ons of sections 608.416 ts the following stateme te of Florida.	or 6 ent in	08.508, Florida S order to change it	tatutes, t ts registe	he und red offi	ersigned limited ice or registered
1. The name of the limit	ed liability company is:	TRL	Baker, LLC	····		
2. The mailing address of	of the limited liability co	ompan	y is : 10250 Norn	nandy B	lvd., St	te 702
Jacksonville, FL 3222	1					
04/19/2005			L0500003	8010		
3. Date of filing/registra	tion in Florida	n in Florida 4. Document number				
5. The name of the regist Florida Department of		stered	office address as s	hown on	the rec	ords of the
•	Ronald W. Fusse	ell		===	~	
	2000 5	Nam	e	SEC	2006	77
	8323 Ramona Blv	d. Addre		<u> </u>	SEP	n A
	Jacksonville, FL 3			ASS	-6	
			and Zip	HE.F		
6. The name and address	of the new registered ag	gent ar	nd/or office:	F STATE FLORIDA	D 12: 3	
	Ronald W. Fussel			<u>~</u>	<u>u</u>	
	10250 Normandy E	Name Blvd.,	Ste 702			
	Florida street address	s (P.O.	Box NOT accepta	able)		
	Jacksonville		32221			
	City, S	tate ar	nd Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes are m the registered agent wi reby confirmed that the nited liability company	ade, the ide change or as de	ne Florida street ad dentical. Or, in the ge(s) was/were aut otherwise provided	ldress of a case of horized b	the regi a Floric y an af	istered office da limited firmative vote
(Signature of a member or author	ized representative of a membe	r)				
Ronald W. Fussell						
(Printed or typed name of signee)						
I hereby accept the appo comply with the provision and Lam familiar with an Chapter 608, FfS. Or, if a address, Thereby confirm	intment as registered as sof all statutes relative d accept the obligations this document is being for the limited liability	gent and to the soft my lied to the y comp	nd agree to act in t e proper and comp y position as regist merely reflect a c pany has been noti	his capad lete perfo lered age hange in fied in wi	city. I formance nt as pr the reg riting o	further agree to e of my duties, ovided for in sistered office f this change.
(Signature of Registered Agent)	i					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE; \$25.00