

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047863

Entity Name: TR PARTNERS, LLC

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

ONE INDEPENDENT DRIVE, SUITE 1200  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

ONE INDEPENDENT DRIVE, SUITE 1200  
JACKSONVILLE, FL 32202 US

## Current Mailing Address:

ONE INDEPENDENT DRIVE, SUITE 1200  
JACKSONVILLE, FL 32202

## New Mailing Address:

ONE INDEPENDENT DRIVE, SUITE 1200  
JACKSONVILLE, FL 32202 US

FEI Number: 20-2918854      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:

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

## Name and Address of New Registered Agent:

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition  
Name: SURFACE, DAVID  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR ( ) Change (X) Addition  
Name: MCAFEE, MICHAEL A  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32202 US

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