

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047863

FILED
May 01, 2007
Secretary of State

Entity Name: TR PARTNERS, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE, SUITE 1200
JACKSONVILLE, FL 32202 US

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 US

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:

CONTEGA BUSINESS 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: CHRISTIAN M. COX, VP

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

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 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

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