2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047863

Entity Name: TR PARTNERS, LLC

Name:

Address:

City-St-Zip:

ONE INDEPENDENT DRIVE, SUITE 1200

JACKSONVILLE, FL 32202 US

FILED Mar 19, 2009 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: 20-2918854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONTEGA BUSINESS SERVICES, LLC CONTEGA BUSINESS SERVICES, LLC 554 LOMAX STREET ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32204 US 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: G. RAY DRIVER, JR., P 03/19/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete DRIVER, G. RAY JR. Name: Name: Address: ONE INDEPENDENT DRIVE, SUITE 1200 Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MCAFEE, MATTHEW S Name: Address: ONE INDEPENDENT DRIVE, SUITE 1200 Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition SURFACE, DAVID Name: Name: ONE INDEPENDENT DRIVE, SUITE 1200 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MCAFEE, MICHAEL A

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.

Name:

Address:

City-St-Zip:

SIGNATURE: G. RAY DRIVER, JR. 03/19/2009