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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000122422

1. Entity Name
TRCH PARTNERS, LLC

Principal Place of Business	Mailing Address
3107 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH, FL 32082	PO BOX 2995 PONTE VEDRA BEACH, FL 32004-2995

08202007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-8112883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, HOWARD L ESQ
200 WEST FORSYTH STREET STE 1100
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name: Michael D. Hagarty
Street Address (P.O. Box Number is Not Acceptable): 3107 Sawgrass Village Circle
City: Ponte Vedra Beach FL Zip Code: 32082

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 8/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-Member Rueger, Thomas E 184 Plantation Circle, South Ponte Vedra Bch, FL 32082 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-Member Charles Hyman 239 Beach Avenue Atlantic Beach, FL 32233 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Michael D Hagarty 401 S. Lakewood Run Dr. Ponte Vedra Beach, FL 32082 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 8/20/07 904-543-9937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #