# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 04, 2008**
**Secretary of State**

DOCUMENT# L05000001450

**Entity Name:** REVENUE MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

777 S. HARBOUR ISLAND BLVD., SUITE 890
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

777 S. HARBOUR ISLAND BLVD., SUITE 890
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number: 20-2408441** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAVITZ, EDWARD O
220 S. FRANKLIN STREET
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

SAVITZ, EDWARD O
1801 N. HIGHLAND AVENUE
TAMPA, FL 33602 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: _____ 02/04/2008
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | KELLY, THOMAS J | |
| Address: | 777 S. HARBOUR ISLAND BLVD., SUITE 890 | |
| City-St-Zip: | TAMPA, FL 33602 | |
| Title: | VP | ( ) Delete |
| Name: | RICE, GEORGE D | |
| Address: | 777 S. HARBOUR ISLAND BLVD., SUITE 890 | |
| City-St-Zip: | TAMPA, FL 33602 | |
| Title: | SRVP | ( ) Delete |
| Name: | WOHLHETER, ALEX | |
| Address: | 777 S. HARBOUR ISLAND BLVD., SUITE 890 | |
| City-St-Zip: | TAMPA, FL 33602 | |
| Title: | VP | ( ) Delete |
| Name: | ROUGIE, OLIVIER | |
| Address: | 777 S. HARBOUR ISLAND BLVD., SUITE 890 | |
| City-St-Zip: | TAMPA, FL 33602 | |
| Title: | VP | ( ) Delete |
| Name: | LUKIANOFF, MICHAEL | |
| Address: | 777 S. HARBOUR ISLAND BLVD., SUITE 890 | |
| City-St-Zip: | TAMPA, FL 33602 | |

**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: | |
| 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: THOMAS J. KELLY P 02/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date