2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
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:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N. HIGHLAND AVENUE
TAMPA, FL 33602 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:	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	(X) 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 04/27/2009

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