2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# L04000087339

Current Principal Place of Business:

360 CENTRAL AVENUE

Entity Name: REVENUE ASSURANCE HOLDINGS LLC

FILED Apr 18, 2006 Secretary of State

)

both.

Date

ST. PETERSBURG, FL 33701

1560 ST. PETERSBURG, FL 33701 US	BLDG B, SUITE 100 LARGO, FL 33773 US
Current Mailing Address:	New Mailing Address:
360 CENTRAL AVENUE 1560 ST. PETERSBURG, FL 33701 US	8770 SOMERSET DRIVE BLDG B, SUITE 100 LARGO, FL 33773 US
FEI Number: 20-2099612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired
N	ut. Name and Address of Navy Davistaned Avents
Name and Address of Current Registered Age	nt: Name and Address of New Registered Agent:
DELANO, G. KRISTIN 360 CENTRAL AVENUE 1560 ST. PETERSBURG, FL 33701 US	nt: Name and Address of New Registered Agent:

MANAGING MEMBERS/MANAGERS:

SIGNATURE:

City-St-Zip:

ADDITIONS/CHANGES:

New Principal Place of Business:

8770 SOMERSET DRIVE

Title: (X) Change () Addition () Delete NICKEL, NILE L Name: Name: NICKEL, NILE L Address: 360 CENTRAL AVENUE STE 1560 Address: 8770 SOMERSET DRIVE, BLDG B, STE 100 City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: LARGO, FL 33773 Title: MGR () Delete Title: () Change () Addition Name: DELANO, G KRISTIN Name: Address: 360 CENTRAL AVENUE STE 1560 Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MENKE, ROBERT M Name: Name: 360 CENTRAL AVENUE STE 1000 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: () Delete (X) Change () Addition Title: MGR Title: MGR Name: IRWIN, IAN F Name: IRWIN, JEAN F 333 3RD AVENUE N STE 400 333 3RD AVENUE N STE 400 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: SAINT PETERSBURG, FL 33701 Title: Title: MGR () Delete () Change () Addition FINDEISON, WILLIAM F Name: Name: 102 8TH STREET EAST Address: Address: TIERRA VERDE, FL 33715 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition KEEFER, BRIAN L Name: Name: Address: Address: 360 CENTRAL AVENUE STE 1000

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: NILE L. NICKEL MGR 04/18/2006