


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000040195 1. Entity Name REVASSYST, LLC	
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FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256	Mailing Address 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256
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07082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0146786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.
 14 EAST BAY STREET
 JACKSONVILLE, FL 32202

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	THOMPSON, MARK A
STREET ADDRESS	8014 BAYBERRY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	MGR
NAME	MOQUIN, KIRK R
STREET ADDRESS	8014 BAYBERRY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	MGR
NAME	SCHANCK, JOHN G
STREET ADDRESS	8014 BAYBERRY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000954838
07/14/08-80017-007-138.75

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: Kirk Moquin 7-9-08 800-617-0049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #