


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

Mailed
FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001911 1. Entity Name REVENUE ASSURANCE PROFESSIONALS, LLC	
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Principal Place of Business 2650 THOUSAND OAKS BLVD. SUITE 4200 MEMPHIS, TN 38118	Mailing Address 2650 THOUSAND OAKS BLVD. SUITE 4200 MEMPHIS, TN 38118
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1814289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAENGER, CHRIS 2650 THOUSAND OAKS BLVD. SUITE 4200 MEMPHIS, TN 38118
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Chris Saenger* 1/16/04 901-542-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #