

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001911

**FILED**  
**Jan 11, 2006**  
**Secretary of State**

**Entity Name:** REVENUE ASSURANCE PROFESSIONALS, LLC

**Current Principal Place of Business:**

2650 THOUSAND OAKS BLVD. SUITE 4200  
MEMPHIS, TN 38118

**New Principal Place of Business:**

**Current Mailing Address:**

2650 THOUSAND OAKS BLVD. SUITE 4200  
MEMPHIS, TN 38118

**New Mailing Address:**

**FEI Number:** 62-1814289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: SAENGER, CHRIS  
Address: 2650 THOUSAND OAKS BLVD. SUITE 4200  
City-St-Zip: MEMPHIS, TN 38118

**ADDITIONS/CHANGES:**

Title: COO (X) Change ( ) Addition  
Name: WOLFE, MICHAEL D  
Address: 2650 THOUSAND OAKS BLVD. SUITE 4200  
City-St-Zip: MEMPHIS, TN 38118

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.

SIGNATURE: MICHAEL D WOLFE

COO

01/11/2006

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