


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000002728

1. Entity Name
RCSH OPERATIONS, LLC



Principal Place of Business 500 INTERNATIONAL PARKWAY SUITE #100 HEATHROW, FL 32746	Mailing Address 500 INTERNATIONAL PARKWAY SUITE #100 HEATHROW, FL 32746
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01222007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1490168	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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 _____

Filing Fee is \$50.00 Due by May 1, 2007

1100000612225
02/02/07-80095-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUTH'S CHRIS STEAK HOUSE, INC. 500 INTERNATIONAL PARKWAY, #100 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO MILLER, CRAIG S PCEO 500 INTERNATIONAL PARKWAY, #100 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO PENNISON, JR., THOMAS J VCFO 500 INTERNATIONAL PARKWAY, #100 HEATHROW, FL 32746
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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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 1/29/07 DAYTIME PHONE #: 407-333-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE