


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90127 003 ***138.75

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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60003108



01032008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1490168	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

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
 After May 1, 2008 Fee will be \$538.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Thomas E Olseph Date: 1-4-08 Daytime Phone #: 407 829 7454

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