

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000238

1. Entity Name
RESIDENTIAL TELECOM ST. JAMES, L.L.C.



Principal Place of Business

**500 AUSTRALIAN AVENUE SOUTH, SUITE 110
SUITE 120
WEST PALM BEACH, FL 33401**

Mailing Address

**500 AUSTRALIAN AVENUE SOUTH, SUITE 110
SUITE 120
WEST PALM BEACH, FL 33401**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1070532

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RHODES, PAUL
500 AUSTRALIAN AVENUE SOUTH, SUITE 110
WEST PALM BEACH, FL 33401**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RHODE, PAUL
STREET ADDRESS	500 AUSTRALIAN AVE., S. #120
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
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05/13/06-80014-011 50.00

**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:

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

Date

Daytime Phone #