## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L01000000238**

1. Entity Name

RESIDENTIAL TELECOM ST. JAMES, L.L.C.



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

SIGNATURE:

WEST PALM BEACH, FL 33401

Mailing Address

500 AUSTRALIAN AVE SOUTH, SUITE 110 SUITE 120

500 AUSTRALIAN AVE SOUTH, SUITE 110 SUITE 120

SUITE 120 WEST PALM BEACH, FL 33401



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
65-1070532	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

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

		And the second of the second o	
	named entity submits this statement for the purpose of chains of registered agent.	nging its registered office or registered agent, or both. In the State of Florida. If am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE' Registered Agent signature required when reinstating) OATE	
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	000000938847 05/28/08~80003-023 <u>138.75</u>	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM RHODE, PAUL 500 AUSTRALIAN AVE., S. #120 WEST PALM BEACH, FL 33401		
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•
TITLE NAME STREET ADORESS CITY-ST-ZIP			•

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE