



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90030 032 \*\*\*\*50.00

<b>DOCUMENT # L05000044237</b>					
<b>1. Entity Name</b> RUBY SAINT JAMES, LLC					
<b>Principal Place of Business</b> C/O STEPHEN GLENN 526 E. WISCONSIN AVE. MILWAUKEE, WI 53202 US			<b>Mailing Address</b> C/O STEPHEN GLENN 526 E. WISCONSIN AVE. MILWAUKEE, WI 53202 US		
<b>2. Principal Place of Business</b> C/o Stephen Glynn Suite, Apt. #, etc.		<b>3. Mailing Address</b> C/o Stephen Glynn Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 11-3749209	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DONNELLY, RICHARD R 13490 ROBERT ROAD PINELAND, FL 33945			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> <span style="float: right;">Zip Code</span>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> WALSH, KATHLEEN 929 N ASTOR STREET, UNIT 801 MILWAUKEE, WI 53202	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> LINDBERG, NANCY E P.O. BOX 18 EAST BOOTHBAY, ME 04544	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/24/06 239 472 2520 <small>Date Daytime Phone #</small>		

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

**ATTACHMENT**

20038818

105000049237

*Correct Spelling*

RUBY SAINT JAMES LLC  
% STEPHEN GLYNN  
526 E WISCONSIN AVE  
MILWAUKEE WI 53202

Date of this notice: 05-13-2005

Employer Identification Number:  
11-3749209

Form: SS-4

Number of this notice: CP 575 D

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an EIN. We assigned you EIN 11-3749209. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

**Form 990**

**04/15/2006**

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get information at your local IRS office or from our web site at [www.irs.gov](http://www.irs.gov)

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)