

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044237

Entity Name: RUBY SAINT JAMES, LLC

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

C/O STEPHEN GLYNN  
526 E. WISCONSIN AVE.  
MILWAUKEE, WI 53202 US

## New Principal Place of Business:

## Current Mailing Address:

C/O STEPHEN GLYNN  
526 E. WISCONSIN AVE.  
MILWAUKEE, WI 53202 US

## New Mailing Address:

FEI Number: 11-3749209      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DONNELLY, RICHARD R  
13490 ROBERT ROAD  
PINELAND, FL 33945 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WALSH, KATHLEEN  
Address: 929 N ASTOR STREET, UNIT 801  
City-St-Zip: MILWAUKEE, WI 53202 US

Title: MGRM ( ) Delete  
Name: LINDBERG, NANCY E  
Address: P.O. BOX 18  
City-St-Zip: EAST BOOTHBAY, ME 04544 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY LINDBERG

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date