2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# L99000008049

Entity Name: OCEANSIDE RESTAURANTS INVESTMENTS, L.L.C.

Current Principal Place of Business:

545 HEALTH BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

545 HEALTH BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3646715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANTWELL, ANTHONY
545 HEALTH BLVD
DAYTONA BEACH, FL 321142734 US

Name and Address of New Registered Agent:

CANTWELL, ANTHONY L
545 HEALTH BLVD
DAYTONA BEACH, FL 321142734 US

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: ANTHONY L. CANTWELL, MD 03/22/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	AGNONE, LOUIS M	
Address:	201 N. CLYDE MORRIS BLVD	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	MGRM	( ) Delete
Name:	STELLA, GREGORY J	
Address:	201 N. CLYDE MORRIS BLVD	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	MGRM	( ) Delete
Name:	MOULIS, HARRY	
Address:	201 N. CLYDE MORRIS BLVD	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	MGRM	( ) Delete
Name:	BROWN, THOMAS B	
Address:	545 HEALTH BLVD.	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	MGRM	( ) Delete
Name:	SULLIVAN, ROD	
Address:	501 W. BAY ST STE 100	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: LOUIS M. AGNONE, MD MGRM 03/22/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date