

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008049

FILED
Feb 04, 2009
Secretary of State

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 L
545 HEALTH BLVD
DAYTONA BEACH, FL 321142734 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: 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 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: ANTHONY L. CANTWELL, MD

MGR

02/04/2009

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