

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044262

**FILED**  
**Mar 21, 2006**  
**Secretary of State**

**Entity Name:** THE RESTAURANT AT OYSTER CREEK, LLC

**Current Principal Place of Business:**

14560 SAN PABLO DRIVE NORTH  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

69 LEWIS BLVD  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

14560 SAN PABLO DRIVE NORTH  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 65-1208392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DORRIEN, BRIAN J  
14560 SAN PABLO DRIVE NORTH  
JACKSONVILLE, FL 32224 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: DORRIEN, BRIAN  
Address: 14560 SAN PABLO DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete  
Name: DORRIEN-MCCORMICK, PATRICIA  
Address: 14560 SAN PABLO DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32224

**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 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: BRIAN DORRIEN

MGRM

03/21/2006

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