

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044262

FILED  
Jun 04, 2009  
Secretary of State

Entity Name: THE RESTAURANT AT OYSTER CREEK, LLC

**Current Principal Place of Business:**

69 LEWIS BLVD  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

69 LEWIS BLVD  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 65-1208392      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:**

DORRIEN, BRIAN J  
14560 SAN PABLO DRIVE NORTH  
JACKSONVILLE, FL 32224      US

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

DRAKE, TAMMY R  
212 REDFISH CREEK DR  
ST AUGUSTINE, FL 32095      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: TAMMY R DRAKE

06/04/2009

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

Title: MGRM      ( ) Delete  
Name: DRAKE, TAMMY  
Address: 69 LEWIS BLVD  
City-St-Zip: ST AUGUSTINE, FL 32084 US

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: DRAKE, TAMMY R  
Address: 212 REDFISH CREEK DR  
City-St-Zip: ST AUGUSTINE, FL 32095

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: TAMMY R DRAKE

MGRM

06/04/2009

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