

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044262

**FILED**  
**Aug 30, 2010**  
**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 ( )

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

DRAKE, TAMMY R  
212 REDFISH CREEK DR  
ST AUGUSTINE, FL 32095 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  
Name: DRAKE, TAMMY R  
Address: 212 REDFISH CREEK DR  
City-St-Zip: ST AUGUSTINE, FL 32095

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

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

I hereby 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 DRAKE

MGRM

08/30/2010

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