

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008049

**FILED**  
**Jan 10, 2012**  
**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  
**Name:** AGNONE, LOUIS M  
**Address:** 201 N. CLYDE MORRIS BLVD  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**Title:** MGRM  
**Name:** STELLA, GREGORY J  
**Address:** 201 N. CLYDE MORRIS BLVD  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**Title:** MGRM  
**Name:** MOULIS, HARRY  
**Address:** 201 N. CLYDE MORRIS BLVD  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**Title:** MGRM  
**Name:** BROWN, THOMAS B  
**Address:** 545 HEALTH BLVD.  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**Title:** MGRM  
**Name:** CANTWELL, ANTHONY  
**Address:** 545 HEALTH BLVD  
**City-St-Zip:** DAYTONA BEACH, FL 32114

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:** ANTHONY L CANTWELL, MD

MGRM

01/10/2012

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