

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083086

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** THE WEBSTER FOOD, L.L.C.

**Current Principal Place of Business:**

6550 NORTH FEDERAL HIGHWAY, STE 220  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

1220 COLLINS AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

6550 NORTH FEDERAL HIGHWAY, STE 220  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

350 EAST LAS OLAS BLVD  
SUITE 1700  
FORT LAUDERDALE, FL 33301

**FEI Number:** 26-3472402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOTTE, JOHN F ESQ.  
FRAZIER, HOTTE & ASSOCIATES, P.A.  
6550 NORTH FEDERAL HIGHWAY, STE. 220  
FORT LAUDERDALE, FL 33308 US

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

HOTTE, JOHN F ESQ.  
FRAZIER, HOTTE & ASSOCIATES, P.A.  
350 EAST LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301 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:

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DECHNIK, FREDRIC  
Address: 6550 NORTH FEDERAL HIGHWAY, STE 220  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES:**

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: JONATHAN BROOKS

CFO

03/20/2009

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