2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039338

MULATERO, ELDA

821 SPRING PARK LOOP

CELEBRATION, FL 34747

Name:

Address:

City-St-Zip:

Entity Name: WEBSTER GAS OF FLORIDA LLC

FILED Jan 30, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principa	New Principal Place of Business:	
SUITE 500	YDE MORRIS) A BEACH, FL				
Current Mailing Address:			New Mailing	New Mailing Address:	
SUITE 500	YDE MORRIS) A BEACH, FL				
FEI Number:	: 56-2464769	FEI Number Applied For ()	FEI Number Not Applica	ble () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Ad	Name and Address of New Registered Agent:	
AMENDOLAGINE, MARILYN 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119 US			AMENDOLAGINE, MARILYN 1898 S CLYDE MORRIS BLVD. SUITE 500 DAYTONA BEACH, FL 32119 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its r	egistered office or registered agent, or both	
SIGNATUR	RE:			01/30/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Electronic Signature of Registered Age MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHA	NGES:	
Title: Name: Address: City-St-Zip:	AMENDOLAG 1898 S CLYD) Delete INE, MICHAEL E MORRIS BLVD SUTIE 500 ACH, FL 32119	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AMENDOLAG 1898 S CLYD) Delete INE, MARILYN E MORRIS BLVD SUITE 500 ACH, FL 32119	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM (MULATERO, F 821 SPRING I CELEBRATIO	PARK LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARILYN AMENDOLAGINE MGRM 01/30/2009