2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L99000001034

Entity Name: THE FATHER'S TABLE F.S. COMPANY, L.L.C.

Current Principal Place of Business:

2100 COUNTRY CLUB ROAD
SANFORD, FL 32711

New Principal Place of Business:

Current Mailing Address:

2100 COUNTRY CLUB ROAD
SANFORD, FL 32711

New Mailing Address:

FEI Number: 59-3566728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, N. DWAYNE JR.
GREENSPOON, MARDER, ET AL
201 E PINE ST, STE 500
ORLANDO, FL 32801 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:	MGR	( ) Delete
Name:	GILARDI MANAGEMENT SERVICES LLC	
Address:	2100 COUNTRY CLUB RD	
City-St-Zip:	SANFORD, FL 32771	
Title:	MGR	( ) Delete
Name:	GRAY, N. DWAYNE JR	
Address:	201 E PIEN ST STE 500	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGR	( ) Delete
Name:	SCHLATER, JOHN	
Address:	615 COPELAND MILL RD	
City-St-Zip:	WESTERVILLE, OH 43081	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: N. DWAYNE GRAY, JR. MGR 03/24/2009

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