


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90205 025 \*\*\*\*\*50.00

<b>DOCUMENT # L02000006474</b> 1. Entity Name <b>THE BRANDYWINE ORGANIZATION, LLC</b>					
Principal Place of Business <b>39 AVENUE OF THE COMMONS SUITE 209</b> <b>SHEWSBURY, NJ 07702</b>			Mailing Address <b>39 AVENUE OF THE COMMONS SUITE 209</b> <b>SHEWSBURY, NJ 07702</b>		
2. Principal Place of Business - No P.O. Box # <b>39 AVENUE AT THE COMMON</b> Suite, Apt. #, etc. <b>SUITE 209</b>		3. Mailing Address <b>39 AVENUE AT THE COMMON</b> Suite, Apt. #, etc. <b>SUITE 209</b>			
City & State <b>SHREWSBURY, NJ</b>		City & State <b>SHREWSBURY, NJ</b>		4. FEI Number <b>01-0643419</b>	
Zip <b>07702</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MURRAY, DAVID G ESQ</b> <b>1401 E. BROWARD BLVD. #200</b> <b>FT. LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>MATZEL, BRUCE</b> <b>215 NORTH BIRCH ROAD #4-A</b> <b>FT. LAUDERDALE, FL 33304</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>MATZEL, BRUCE</b> <b>2760 NORTH ATLANTIC BLVD.</b> <b>FT. LAUDERDALE, FL 33308</b>	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**20004376**



01052007 Chg-LLC CR2E083 (12/06)