


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90537 007 ****50.00

DOCUMENT # L04000004408	
1. Entity Name BRANDYWOOD HOLDINGS, LLC	

Principal Place of Business 501 E MAGNOLIA AVE, STE 100 ORLANDO, FL 32801	Mailing Address 501 E MAGNOLIA AVE, STE 100 ORLANDO, FL 32801
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2. Principal Place of Business 501 N. Magnolia Ave., #100 Suite, Apt. #, etc.	3. Mailing Address 501 N. Magnolia Ave., #100 Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
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Zip 32801	Country US	Zip 32801	Country US
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02172005 Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4551057	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VOGT, LOUIS E 501 E MAGNOLIA AVE, STE 100 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name Louis E. Vogt Street Address (P.O. Box Number is Not Acceptable) 501 N. Magnolia Ave., #100 City Orlando FL Zip Code 32801	
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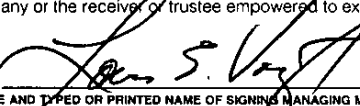
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	Louis E. Vogt	2/18/05
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>DATE</small>

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	PMCFI Brandywood LLC Louis E. Vogt, Manager	2/18/05 407-898-7808
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>