## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 27, 2006 08:00 AM Secretary of State

`	ANNU	L REPORT '		Secretary of Sta	te
DOCUMENT # L04000010436				Secretary or Sta	ıc
THE BRA	ANDYWINE MANAGEME	NT COMPANY, LLC			
Principal Place of Business  215 N BIRCH RD, #4A FORT LAUDERDALE, FL 33304  DO NOT WRITE IN THIS SPACE			714		
			CE	01182006 No Chg-LLC CR2E083 (11/05)  4. FEI Number Applied For 20-0887128 Not Applied  5. Certificate of Status Desired \$5.00 Additional	C#
	8. Name and Address of Curr	nt Registered Agent		Fee Required	-
MURRAY, DAVID G ESQ 1401 E BROWARD BLVD, #200 FORT LAUDERDALE, FL 33301				DO NOT WRITE IN THIS SPACE	
the obligate	tions of registered addit	ra iz 1111 ki na	red Agent signalure required	ed agant, or both, in the State of Florida. I am familiar with, and accommodition with and accommodition with a state of Florida. I am familiar with, and accommodition with a state of Florida. I am familiar with, and acc	æpt
8.	MANAGING MEA	BERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-IJP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATZEL, BRUCE 215 N BIRCH RD, #4A FORT LAUDERDALE, FL 333			U00000401/374 04/11/06-80056-024 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			

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 it made under oath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE THEY OR PRINTED NAME OF SIGNING MANAGING MEMBERS, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CHTY-ST-ZIP

3-24-06 132-663-776