

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010436

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** THE BRANDYWINE MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

39 AVENUE AT THE COMMON  
SUITE 209  
SHREWSBURY, NJ 07702

**New Principal Place of Business:**

1411 STATE ROUTE 35 NORTH  
OCEAN, NJ 07712

**Current Mailing Address:**

39 AVENUE AT THE COMMON  
SUITE 209  
SHREWSBURY, NJ 07702

**New Mailing Address:**

1411 STATE ROUTE 35 NORTH  
OCEAN, NJ 07712

**FEI Number:** 20-0887128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURRAY, DAVID G ESQ  
1401 E BROWARD BLVD, #200  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

WALLACE, DAVID J ESQ  
215 N. FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33004 US

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: DAVID J. WALLACE, ESQ.

03/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MATZEL, BRUCE  
Address: 2760 NORTH ATLANTIC BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MATZEL, BRUCE  
Address: 41 OAKS ROAD  
City-St-Zip: RUMSON, NJ 07760

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: BRUCE MATZEL

CEO

03/25/2009

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