

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90060 030 \*\*\*\*50.00

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01042005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000016378</b> 1. Entity Name <b>BRANDYWYNE, LLC</b>			
Principal Place of Business 8310 BIG ACORN CIRCLE, #1001 NAPLES, FL 34119		Mailing Address 8310 BIG ACORN CIRCLE, #1001 NAPLES, FL 34119	
2. Principal Place of Business <i>9220 Bonita Beach Rd.</i> Suite, Apt. #, etc. <i>Ste. 215</i> City & State <i>Bonita Springs, FL</i> Zip <i>34135</i>		3. Mailing Address <i>9220 Bonita Beach Rd.</i> Suite, Apt. #, etc. <i>Ste. 215</i> City & State <i>Bonita Springs, FL</i> Zip <i>34135</i>	
4. FEI Number <b>13-4275653</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  PEEPLES, C. PERRY 5551 RIDGEWOOD DRIVE, SUITE 101 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name <i>Karen Rasborough</i> Street Address (P.O. Box Number is Not Acceptable) <i>9220 Bonita Beach Rd.</i> <i>Ste. 215</i> City <i>Bonita Springs</i> <b>FL</b> Zip Code <i>34135</i>	
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 <i>Karen Rasborough</i> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDRY ASSOCIATES, INC. 8310 BIG ACORN CIRCLE, #1001 NAPLES, FL 34119 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Saundry Associates Inc 9220 Bonita Beach Rd #215 Bonita Springs, FL 34135 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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: <i>Kenneth P. Saundry</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/1/2005 Date	
Daytime Phone #		Daytime Phone #	