


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90110 004 \*\*\*\*50.00

<b>DOCUMENT # L04000020181</b> 1. Entity Name <b>BRANDYWINE COURT, LLC</b>					
Principal Place of Business <b>300 N.W. 12TH AVENUE MIAMI, FL 33128</b>			Mailing Address <b>300 N.W. 12TH AVENUE MIAMI, FL 33128</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOMINGUEZ, AGUSTIN 300 N.W. 12TH AVENUE MIAMI, FL 33128				Name <b>Martorano, Salvatore</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 NW 12 Avenue</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33128</b>	
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>Salvatore Martorano</i> <b>04/21/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</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>P</b> <b>Sibley, Russell A., Jr.</b> <b>300 NW 12 Avenue</b> <b>Miami, Florida 33128</b> <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	<b>V</b> <b>Revaless, Ron</b> <b>300 NW 12 Avenue</b> <b>Miami, Florida 33128</b> <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	<b>V</b> <b>Rovin, Ty</b> <b>300 NW 12 Avenue</b> <b>Miami, Florida 33128</b> <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	<b>S</b> <b>Rodriguez, Kathleen</b> <b>300 NW 12 Avenue</b> <b>Miami, Florida 33128</b> <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		
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.					
<b>SIGNATURE:</b> <i>JP Ronald E. Revaless</i> <b>03/04/2005 (305)324-5505</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					

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01262005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required