

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-16-2006 90027 016 ****50.00

DOCUMENT # L05000020534					
1. Entity Name TSL BRANDYWINE, LLC					
Principal Place of Business C/O LEDER GROUP, INC. 6530 WEST ROGERS CIRCLE, SUITE #31 BOCA RATON, FL 33487			Mailing Address C/O LEDER GROUP, INC. 6530 WEST ROGERS CIRCLE, SUITE #31 BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2432862	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALLEN, LOUISE J ESQ. C/O STEARNS WEAVER, ET AL 200 EAST BROWARD BLVD., SUITE 1900 FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name <u>Allen, Louise J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>200 East Las Olas Blvd.</u> Suite <u>2100</u> City <u>Ft. Lauderdale</u> <u>FL</u> <u>33301</u>		
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 DATE _____ <small>Signature: Typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
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	
[Empty Row]			MANAGING MEMBER SEAN M LEDER 6530 W ROGERS CIRCLE #31 BOCA RATON, FL 33487		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
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 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:			SEAN M LEDER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/08/06 561-995-7878 <small>Date Daytime Phone</small>		

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