


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90073 028 ***138.75

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
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2. Principal Place of Business - No P.O. Box # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	3. Mailing Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338
Zip Country	Zip Country

00010760



02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2432862	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEDER, SEAN M 6530 WEST ROGERS CIRCLE #31 BOCA RATON, FL 33487	7. Name and Address of New Registered Agent Name Street Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEDER, SEAN M 6530 W ROGERS CIR 31 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Sean Leder</u>	Date <u>2/15/08</u>	Daytime Phone # <u>561-995-7878</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		