2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000023648

1. Entity Name
JDL BRANDYWINE, LLC

Principal Place of Business	Mailing Address
C/O LEDER GROUP, INC. 6530 WEST ROGERS CIRCLE, SUITE #31 BOCA RATON, FL 33487	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

01312006   Chg-LLC   CR2E083 (11/05)

4. FEI Number
20-2511121

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN, LOUISE J ESQ. C/O STEARNS WEAVER, ET AL 200 EAST BROWARD BLVD., SUITE 1900 FT. LAUDERDALE, FL 33301	Name **Allen, Louise J.** Street Address (P.O. Box Number is Not Acceptable) **200 East Las Olas Blvd.** **Suite 2100** City **Ft. Lauderdale** **FL** Zip Code **33301**

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	☐ Delete	TITLE *MGR* NAME *Joshua D Leder* STREET ADDRESS *6530 W Rogers Circle #31* CITY-ST-ZIP *Boca Raton, FL 33487*	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ *Joshua D Leder*   3/1/06   561-995-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #