


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2008 90073 031 \*\*\*138.75

<b>DOCUMENT # L05000023648</b> 1. Entity Name <b>JDL BRANDYWINE, LLC</b>					
Principal Place of Business <b>C/O LEDER GROUP, INC.          6530 WEST ROGERS CIRCLE, SUITE #31          BOCA RATON, FL 33487</b>			Mailing Address <b>C/O LEDER GROUP, INC.          6530 WEST ROGERS CIRCLE, SUITE #31          BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box # <b>4755 Technology Way Ste. 202          Boca Raton, FL 33431-3338</b>		3. Mailing Address <b>4755 Technology Way Ste. 202          Boca Raton, FL 33431-3338</b>			
Zip	Country	Zip	Country	4. FEI Number <b>20-2511121</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LEDER, JOSHUA D          6530 WEST ROGERS CIRCLE          #31          BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent Name Street <b>4755 Technology Way Ste. 202</b> <b>Boca Raton, FL 33431-3338</b> City <b>FL</b> Zip Code		
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>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR          LEDER, JOSHUA D          6530 WEST ROGERS CIRCLE SUITE 31          BOCA RATON, FL 33487</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4755 Technology Way Ste. 202          Boca Raton, FL 33431-3338</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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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 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.					
<b>SIGNATURE: <i>J2 Joshua D. Leder</i> 2/19/08 561-995-7878</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					