

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134293

Entity Name: BRANDYWOOD GP, INC.

FILED
Jul 13, 2004
Secretary of State

Current Principal Place of Business:

C/O TVO REALTY PARTNERS
70 EAST LAKE STREET, SUITE 600
CHICAGO, IL 60601

Current Mailing Address:

C/O TVO REALTY PARTNERS
70 EAST LAKE STREET, SUITE 600
CHICAGO, IL 60601

New Principal Place of Business:

C/O TVO REALTY PARTNERS
6090 SURETY DRIVE, STE 102
EL PASO, TX 79905

New Mailing Address:

C/O TVO REALTY PARTNERS
6090 SURETY DRIVE, STE 102
EL PASO, TX 79905

FEI Number: 22-3888135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VANDENBURG, DAVID L
Address: 70 EAST LAKE STREET, SUITE 600
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: HAYNES, CHRIS
Address: 501 EXECUTIVE CENTER BLVD. SUITE 100
City-St-Zip: EL PASO, TX 79902

Title: SV () Delete
Name: BOGAS, DAVID M
Address: 6090 SURETY DR, SUITE 102
City-St-Zip: EL PASO, TX 79905

Title: TV () Delete
Name: GARRETT, CHARLES
Address: 6090 SURETY DR, SUITE 102
City-St-Zip: EL PASO, TX 79905

Title: V () Delete
Name: BELTRAN, STEPHEN
Address: 6090 SURETY DR, SUITE 102
City-St-Zip: EL PASO, TX 79905

Title: AS (X) Delete
Name: CHARNAS, CHERYL
Address: 6090 SURETY DR, SUITE 102
City-St-Zip: EL PASO, TX 79905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BOGAS

SV

07/13/2004

Electronic Signature of Signing Officer or Director

Date