


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000068966
 1. Entity Name
 BRAY & GILLESPIE LA PLAYA, INC.



Principal Place of Business: 600 N. ATLANTIC AVE, DAYTONA BEACH, FL 32118
 Mailing Address: 600 N. ATLANTIC AVE, DAYTONA BEACH, FL 32118

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01102005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 59-3611685 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRAY, CHARLES
 600 N. ATLANTIC AVE
 DAYTONA BEACH, FL 32118

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRAY, CHARLES A
STREET ADDRESS	600 NORTH ATLANTIC AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D
NAME	GILLESPIE, JOSEPH G
STREET ADDRESS	600 NORTH ATLANTIC AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D
NAME	DENBERT, MICHAEL B
STREET ADDRESS	2875 NE 191ST ST., SUITE 802
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/13/05 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR