## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000071207

1. Entity Name

**BRAY & GILLESPIE XVIII, LLC** 



Principal Place of Business

Mailing Address

600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118

600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118

## FILED Apr 27, 2007 08:00 AM Secretary of State



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	_	Applied For
20-3236427		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

BRAY, CHARLES A 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2007		U00000738480
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS/MANAGERS  MGR  BRAY, CHARLES A  600 N ATLANTIC AVE DAYTONA BEACH, FL 32118  MGR  GILLESPIE, JOSEPH G  600 N ATLANTIC AVE DAYTONA BEACH, FL 32118		05/11/07-80067-020 50.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY+ST-ZIP			

11. I hereby certify that the information supplied with this filing dees not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and addirate 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 feetings of the emphasized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE X SIGNATURE AND TYPED OR PRINTED MANE-OF SIGNING MAKAGING

MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

<del>)</del> | 4 | 67

386-267-1687

Daytime Phone #