

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # B99000000033 1. Entity Name BRAY & GILLESPIE DELAWARE III, L.P.					
Principal Place of Business 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118			Mailing Address 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLAYTON, THOMAS M ESQ 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record: \$250,000.00		10. Amount of Capital Contributions in FLORIDA to date			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000002547		STREET ADDRESS		
NAME	BRAY & GILLESPIE DELAWARE III, INC.		CITY-ST-ZIP		
STREET ADDRESS	600 NORTH ATLANTIC AVENUE				
CITY-ST-ZIP	DAYTONA BEACH, FL 32118				
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: _____			Charles A Bray 4/22/04 257-1950 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		



04142004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3551688** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 05/13/04-80014-025 150.00

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