

2001 UNIFORM BUSINESS REPORT (UBR)

001613 AF

DOCUMENT # **B99000000304**

1. Entity Name

BRAY & GILLESPIE LA PLAYA, L.P.

FILED

01 APR -9 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 600 NORTH ATLANTIC AVE. DAYTONA BEACH FL 32118	Mailing Address 600 NORTH ATLANTIC AVE. DAYTONA BEACH FL 32118
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3589345	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DENBERG, MICHAEL B ESQ.
2875 NE 191 STREET, SUITE 802
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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.

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

9. Capital Contributions as Shown on record. 930,000	10. Amount of Capital Contributions in FLORIDA to date. \$330,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000068966 BRAY GILLESPIE LA PLAYA, INC. 600 NORTH ATLANTIC AVE. DAYTONA BEACH FL 32118
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13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY-ST-ZIP	600003992376--2
STREET ADDRESS CITY-ST-ZIP	-04/11/01--01085--005 ***1086.25 ****526.25
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	

\$526.25

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: *Michael Denberg* President 4/6/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)