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FIELDSTONE LESTER SHEAR & DENBERG, LLP ATTORNEYS & COUNSELLORS AT LAW

RONALD FIELDSTONE, P.A. PAUL A. LESTER, P.A. DAVID SHEAR, P.A. MICHAEL B. DENBERG, P.A.

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REBECCA L. ABRAMS

SUNTRUST PLAZA, SUITE 601 201 ALHAMBRA CIRCLE CORAL GABLES, FLORIDA 33134 TELEPHONE 305.357.1001 FACSIMILE 305.357.1002 OF COUNSEL:

ROBERT E. DADY, P.A. ALSO MEMBER N.Y. BAR

LEE J. OSIASON, P.A.

MICHAEL J. ROSENBAUM, P.A.

August 18, 2004

Florida Department of State Division of Corporations Registration Section 409 E. Gaines Street Tallahassee, FL 32399

Gentlemen:

Enclosed you will find Statements of Registered Agent for filing together with a check in the sum \$760.00, representing the filing fees.

If you have any questions, please feel free to contact our office.

Sincerely

Ronald R Fieldstone

RRF\cs

Encls.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the limited liability company is:	BRAY & GILLESPIE VII LLC	
	The mailing address of the limited liability cor		
	AYTONA BEACH, FL 32126-5400	The state of the s	
7,	/19/01	L01000011944	
3.	Date of filing/registration in Florida	4. Document number	
5.	Florida Department of State:	ered office address as shown on the records of the	
	THOMAS M. CLAY		
Name 600 NORTH ATLANTIC AVENUE			
600 NORTH ATLANTIC AVENUE Address DAYTONA BEACH, FL 32118 City, State and Zip 6. The name and address of the new registered agent and/or office: CHARLES A. BRAY 600 NORTH ATLANTIC AVENUE			
_	••	State and Zip ent and/or office: PL 32110 State and Zip ent and/or office:	
6. The name and address of the new registered agent and/or office:			
CHARLES A. BRAY			
	600 NORTH ATLAN	TIC AVENUE	
	Florida street address	(P.O. Box NOT acceptable)	
	DAYTONA BEACH	FL 32118	
	City, St	ate and Zip	
an lia the	nfirmed that after the change or changes are ma	nder the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of softenwise provided in the articles of organization or impany.	
	O(1) $A = O(1)$		
(P	rinted or typed name of signee)		
	hereby accept the appointment as registered ag mply with the provisions of all statutes relative at I am familiar with and accept the obligations in the limited liability dress, I hereby confirm that the limited liability ignature of Registered Agent)	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, to fmy position as registered agent as provided for in iled to merely reflect a change in the registered office to company has been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18(10/99)