2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011944

SIGNATURE AND TYPED OR PRINTED NAME OF

1. Entity Name

BRAY & GILLESPIE VII LLC



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90270 034 ****50.00

386-267-1603

Daytime Phone #

Principal Place of Business		Mailing Address		Ì				
P.O BOX 265400 DAYTONA BEACH FL 32126		P.O BOX 265400 DAYTONA BEACH FL 32126						
	G 2 4G. G.			1 1000	Til Sir 85151 11811 66111 68111 68111	: 6510: 1166: 11611	A(S)(\$18) 1841	
9 Dringing D	Jacob Puringer	3. Mailing Address						
2. Principal Place of Business		3. Walling Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Num	ber 59-3732990	<u> </u>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certifica	te of Status Desired [\$5.00 A	dditional	
6. Name and Address of Current Registered Agent				7. Name a	nd Address of New Regis	tered Agent		
FIELDSTONE, RONALD R			Name		, , , , , , , , , , , , , , , , , , , ,			
	ALHAMBRA CIR. SUITE 601		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	RAL GABLES FL 33134					- <u>-</u> -	<u>.</u>	
			City			FL Zip Co	ode	
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								
	Signature, typed or printed name of registered agent a	Registered Agent signature req	uired when reinstating)		DATE			
FILE NOW!!! FEE IS \$50.00								
Make Check Payable to Florida Department of State								
		Due	By May 1, 2003					
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHA	ANGES		
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	BRAY, CHARLES 600 N. ATLANTIC AVE.		NAME STREET ADDRESS				Į	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP					
TITLE	MGRM	Delete	TITLE			Change	Addition	
NAME	GILLESPIE, JOSEPH	□ Détete	NAME			∵ Change	, C Addition	
STREET ADDRESS	600 N. ATLANTIC AVE.		STREET ADDRESS				ľ	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		•			
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME" -	The second second		NAME		7 - 1 1 1 2 2 2 4 4 7		{	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS				1	
CITY-ST-ZIP			CITY-ST-ZIP				Ì	
TITLE		Delete	TITLE	*		☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS				ļ.	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME CENTET ADDRESS			NAME OVERT ADORSOS				\	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				1	
	makin about the information of an indicate the	Abia filian dana		Cartina 440.07/2	IVO Flesher Correct 15 of		information	
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

Charles A. Bray

MANAGER, OR AUTHORIZED REPRESENTATIVE