

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012419

FILED
Feb 09, 2009
Secretary of State

Entity Name: BRAY & GILLESPIE MANAGEMENT, LLC

Current Principal Place of Business:

P.O. BOX 265400
DAYTONA BEACH, FL 321265400

New Principal Place of Business:

600 NORTH ATLANTIC AVE
DAYTONA BEACH, FL 32118

Current Mailing Address:

P.O. BOX 265400
DAYTONA BEACH, FL 321265400

New Mailing Address:

600 NORTH ATLANTIC AVE
DAYTONA BEACH, FL 32118

FEI Number: 58-2157395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GILLESPIE, JOSEPH G
600 NORTH ATLANTIC AVENUE
DAYTONA BEACH, FL 32118 US

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: JOSEPH G GILLESPIE

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRAY, CHARLES A
Address: 600 N ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGRM () Delete
Name: GILLESPIE, JOSEPH G
Address: 600 N ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JOSEPH G GILLESPIE

MGRM

02/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date