

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90568 031 \*\*\*\*50.00

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**DOCUMENT # L01000013513**



**1. Entity Name**  
**BRAY & GILLESPIE III LLC**

**Principal Place of Business**      **Mailing Address**  
P.O. BOX 265400      P.O. BOX 265400  
DAYTONA BEACH FL 32126-5400      DAYTONA BEACH FL 32126-5400

00000070



CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**4. FEI Number**      **58-2212603**      Applied For  
Not Applicable

Zip      Country      Zip      Country      **5. Certificate of Status Desired**       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FIELDSTONE, RONALD R**  
**201 ALHAMBRA CIRCLE, SUITE 601**  
**CORAL SPRINGS FL 33134**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS / CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BRAY, CHARLES A</b> <b>600 N. ATLANTIC AVE.</b> <b>DAYTONA BEACH FL 32118</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GILLESPIE, JOSEPH</b> <b>600 N. ATLANTIC AVE.</b> <b>DAYTONA BEACH FL 32118</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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.**

**SIGNATURE:** *Charles A. Bray*      **Charles A. Bray**      *4/28/03*      **386 267-1603**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)