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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:

RRF\cs

Encls.

Jan File 19 by 1: 16 Enclosed you will find Statements of Registered Agent for filing together with a check in the star \$760.00, representing the filing fees.

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

Galdenie /cg

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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 limite	ed liability company is:	BRAY &	GILLESPIE VIII, LLC	
2. The mailing address of				TIC AVENUE
DAYTONA BEACH, FI				
3/31/03			L03000011477	
3. Date of filing/registrat	ion in Florida	💆 ,	4. Document number	
5. The name of the register Florida Department of	ered agent and the regist State: THOMAS M. CLAY			e records of the
	600 NORTH ATLAN	Name ITIC AVE	NUE	•
	DAYTONA BEACH,	Address , FL 3211 State and Z		2004 AUG 19 PM 1:16 2004 AUG 19 PM 1:16 2004 AUG 19 PM 1:16
6. The name and address	of the new registered ag	ent and/or	office:	E T
	CHARLES A. BRAY	/		NIG 19 PM
	600 NORTH ATLAN			PORA PLORA
	Florida street address	•	• •	800 6 800 8
	DAYTONA BEACH	2 24		0
	City, St	tate and Zij	p	
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability company.	the registered agent will the registered agent will reby confirmed that the diability company or a fifthe limited liability co	ade, the Flo il be idention change(s) so otherwise ompany.	orida street address of the	registered office
	Compresentative of a memocr	.,		
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	intment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and ag to the proj t of my pos lied to mer v company	ree to act in this capacit per and complete perfori ition as registered agent ely reflect a change in th has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this chänge.
Divisio	n of Corporations, P.C	D. Box 632	7, Tallahassee, FL 323	14

FILING FEE: \$25.00

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