

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

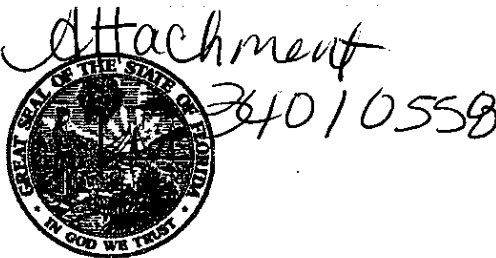
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**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90071 048 \*\*\*\*50.00

<b>DOCUMENT # L03000011477</b>					
<b>1. Entity Name</b> BRAY & GILLESPIE VIII, LLC					
<b>Principal Place of Business</b> 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118			<b>Mailing Address</b> 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04142004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 54-2115618				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CLAYTON, THOMAS M ESQ. 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118			<b>7. Name and Address of New Registered Agent</b> Name <u>Bray Charles A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>600 North Atlantic Ave</u> <u>Daytona Beach</u> <b>FL</b> Zip Code <u>32118</u>		
<b>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.</b> SIGNATURE <u>Charles A. Bray</u> <b>MGR</b> DATE <u>9/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when appointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bray Charles A. 600 North Atlantic Ave. Daytona Beach, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gillespie, Joseph G 600 North Atlantic Ave. Daytona Beach, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Charles A Bray</u>			Date <u>4/22/04</u>		Daytime Phone # <u>257-1950</u>

RECEIVED  
MAY 12 2004



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 6, 2004

BRAY & GILLESPIE VIII, LLC  
600 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

- Subject: **BRAY & GILLESPIE VIII, LLC**

Reference Number: **L03000011477**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

Mgr.  
Mgr. M.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION