2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 26, 2005 08:00 AM Secretary of State **DOCUMENT # L03000051953** 1. Entity Name BRAY & GILLESPIE TX, LLC Principal Place of Business Mailing Address 600 N ATLANTIC AVE 600 N ATLANTIC AVE DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 01102005 No Chq-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0374036 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRAY, CHARLES A DO NOT WRITE 600 N ATLANTIC AVE DAYTONA BEACH, FL 32118 IN THIS SPACE 5. 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 and title if applicable. (NOTE: Renisièrea Agent signature regulated when teinsialing) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BRAY & GILLESPIE IX, LLP NAME STREET ADDRESS 2025 SOUTH ATLANTIC AVE CITY-ST-ZIP DAYTONA BEACH, FL 32118 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NA MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED