
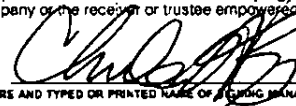


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
May 02, 2006 8:00 am
Secretary of State

04-13-2006 90039 032 ****50.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L05000033921 1. Entity Name BRAY & GILLESPIE XVI, LLC | | | |  | |
| Principal Place of Business 600 NORTH ATLANTIC DAYTONA BEACH, FL 32118 | | | Mailing Address 600 NORTH ATLANTIC DAYTONA BEACH, FL 32118 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 02022006 Chg-LLC CR2E083 (11/05) | | | | 4. FEI Number 20-2636357 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent BRAY, CHARLES A 600 NORTH ATLANTIC DAYTONA BEACH, FL 32118 | |
| 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bray, Charles A <input type="checkbox"/> Delete 600 N. 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 | Gillespie, Joseph G. <input type="checkbox"/> Delete 600 N. 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 | |
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| 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 | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <div style="float: right;"> Date _____ Daytime Phone _____ </div> | | | | | |