


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000071207 1. Entity Name BRAY & GILLESPIE XVIII, LLC	
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Principal Place of Business 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118	Mailing Address 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-3236427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BRAY, CHARLES A  
600 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000916016  
05/12/08-80012-006-138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRAY, CHARLES A 600 N ATLANTIC AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GILLESPIE, JOSEPH G 600 N ATLANTIC AVE DAYTONA BEACH, FL 32118
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**DO NOT WRITE IN THIS SPACE**

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: Charles A Bray      Date: 1/22/08      Daytime Phone #: 386-267-7603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE