




FILED
Jun 19, 2006 8:00 am
Secretary of State

04-13-2006 90039 029 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

4/13

DOCUMENT # L05000071514			
1. Enter Name BRAY & GILLES PIE CO, LLC			
Principal Place of Business 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118		Mailing Address WEINTRAUB & ROSEN P.A. 800 BRICKELL AVE. SUITE 1270 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address 600 N. Atlantic Ave	
State Act, A, etc.		Sub Act, A, etc. Daytona Beach, FL	
City & State		4. FEI Number 20-4600403 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	County	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Assessed <input checked="" type="checkbox"/> Full Required	
32118	Wayne		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSEN, MICHAEL A 800 BRICKELL AVENUE, STE 1270 MIAMI, FL 33131		Charles A Bray Street Address (P.O. Box Number is Not Acceptable) 600 N. Atlantic Ave Daytona Beach, FL 32118	
8. The above named party 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 effect and consequences of this statement.			
SIGNATURE 		DATE	
Filing Fee is \$50.00 Due by 6/1/2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Bray, Charles A 600 N. Atlantic Ave Daytona Beach, FL 32118	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Gillespie, Joseph S 600 N. Atlantic Ave Daytona Beach, FL 32118	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I declare under penalty of perjury that the information provided 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. I am a managing member or manager of the limited liability company, or the registered agent, and/or authorized representative to execute this report as required by Chapter 600, Florida Statutes.			
SIGNATURE: 		DATE	