From: 3053732951 Page: 3/3 Date: 4/24/2006

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May 02, 2006 8:00 am
Secretary of State

04-14-2006 90032 001 ****50.00

4/14/

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000072169

1. Entity Name
BRAY & GILLESPIE XXI, LLC

30006796

Principal Place of Business	Mailing Address
600 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118	WEINTRAUB & ROSEN P.A. 800 BRICK AVE. SUITE 1270 MIAMI, FL 33131

02022006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	Bray & Gillespie
Suite, Apt. #, etc.	Suite, Apt. #, etc. 600 N. Atlantic Ave
City & State	City & State Daytona Beach, FL
Zip / Country	Zip 32118 Country Volusia

4. FEI Number 20-4162687 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name & Address of Current Registered Agent

BRAY, CHARLES A
600 NORTH ATLANTIC AVENUE
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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR Bray, Charles A. 600 N. Atlantic Ave Daytona Beach, FL 32118 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Gillespie, Joseph G 600 N. Atlantic Ave Daytona Beach, FL 32118 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Charles A. Bray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #