

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90031 024 ****50.00

DOCUMENT # L05000085825

1. Entity Name
BRAY & GILLESPIE XXV, LLC



Principal Place of Business
800 BRICKELL AVENUE, STE 1270
MIAMI, FL 33131

Mailing Address
800 BRICKELL AVENUE, STE 1270
MIAMI, FL 33131

2. Principal Place of Business

600 N. Atlantic Ave
Suite, Apt. #, etc.

3. Mailing Address

600 N. Atlantic Ave
Suite, Apt. #, etc.



02022006 Chg-LLC CR2E083 (11/05)

City & State

Daytona Beach, FL
32118 Volusia

City & State

Daytona Beach, FL
32118 Volusia

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, MICHAEL A
800 BRICKELL AVENUE, SUITE 1270
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Charles A. Bray

Street Address (P.O. Box Number is Not Acceptable)

600 N. Atlantic Ave

City Daytona Beach FL Zip Code 32118

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 *Charles A. Bray*

Signature, typed or printed name of registered agent and file if applicable.

(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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	Bray Charles A	
STREET ADDRESS	600 N. Atlantic Ave	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Gillespie, Joseph G.	
STREET ADDRESS	600 N. Atlantic Ave	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #