

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-13-2006 90031 021 \*\*\*\*50.00

**DOCUMENT # L05000087507**

1. Entity Name  
**BRAY & GILLESPIE XXVI, LLC**



Principal Place of Business  
**800 BRICKELL AVE.  
STE. 1270  
MIAMI, FL 33131**

Mailing Address  
**800 BRICKELL AVE.  
STE. 1270  
MIAMI, FL 33131**



2. Principal Place of Business  
**600 N. Atlantic Ave**

3. Mailing Address  
**600 N. Atlantic Ave**

02022006 Chg-LLC CR2E083 (11/05)

City & State  
**Daytona Beach, FL**

City & State  
**Daytona Beach, FL**

4. FEI Number ☒ Applied For  
Not Applicable

Zip Country  
**32118 Volusia**

Zip Country  
**32118 Volusia**

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

**6. Name and Address of Current Registered Agent**

**ROSEN, MICHAEL A  
800 BRICKELL AVE.  
STE. 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 title 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	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>Bray, Charles A.</b>	
STREET ADDRESS	<b>600 N. Atlantic Ave</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>Gillespie, Joseph G.</b>	
STREET ADDRESS	<b>600 N. Atlantic Ave</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 #