

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000105839		
1. Entity Name BRAY & GILLESPIE XXX, LLC		
Principal Place of Business 600 NORTH ATLANTIC AVE DAYTONA BEACH, FL 32118		Mailing Address 600 NORTH ATLANTIC AVE DAYTONA BEACH, FL 32118
DO NOT WRITE IN THIS SPACE		
		 01242007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 20-4600702		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
BRAY, CHARLES A 600 NORTH ATLANTIC AVE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007 000000738486 05/11/07-80067-023 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAY, CHARLES A 600 NORTH ATLANTIC AVE DAYTONA BEACH, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLESPIE, JOSEPH G 600 NORTH ATLANTIC AVE DAYTONA BEACH, FL 32118	
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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: X <i>Charles A. Bray</i> Charles A. Bray 4/07 386-267-1687 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		