2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State
05-07-2008 90016 013 ***138.75

DOCUMENT # L05000105839

1. Entity Name
BRAY & GILLESPIE XXX, LLC

Principal Place of Business	Mailing Address
600 NORTH ATLANTIC AVE DAYTONA BEACH, FL 32118	600 NORTH ATLANTIC AVE DAYTONA BEACH, FL 32118

30009307

01142008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4600702
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRAY, CHARLES A — Delete ☑
STREET ADDRESS	600 NORTH ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGR
NAME	GILLESPIE, JOSEPH G — Delete ☑
STREET ADDRESS	600 NORTH ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	Bray & Gillespie LLC III
STREET ADDRESS	600 N. Atlantic Ave
CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 1/22/08 386-267-1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #