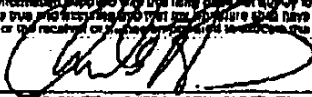


FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90104 039 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000118606			
1. Entity Name BRAY & GILLESPIE LA PLAYA INVESTMENTS, LLC			
Principal Place of Business 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118		Mailing Address 600 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118	
2. Principal Place of Business		3. Mailing Address	
Sole, Apt. #, etc.		Sole, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		5. Certificate of Status Desired ☐ \$5.00 ☒ Announced Fee Required	
6. Name and 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 hereby consenting and accepting the obligations of registered agent.			
SIGNATURE _____ Signature, dated or printed, printed or typed name and title of person			
Filing Fee is \$55.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONAL MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-IP Bray, Charles A MGR 600 N. Atlantic Ave Daytona Beach, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-IP Gillespie, Joseph G. MGR 600 N. Atlantic Ave Daytona Beach, FL 32118	☐ Change ☐ Add/Remove 100000505179 04/26/06-60108-003 50.00	
TITLE NAME STREET ADDRESS CITY-ST-IP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-IP ☐ Change ☐ Add/Remove	☐ Change ☐ Add/Remove	
TITLE NAME STREET ADDRESS CITY-ST-IP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-IP ☐ Change ☐ Add/Remove	☐ Change ☐ Add/Remove	
TITLE NAME STREET ADDRESS CITY-ST-IP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-IP ☐ Change ☐ Add/Remove	☐ Change ☐ Add/Remove	
11. I hereby certify that the information reported on this filing document is true and correct for the company as compared to Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and correct and that the signature above has the same legal effect as a check under oath, that I am a managing member or manager of the limited liability company or the registered or authorized agent of the limited liability company as required by Chapter 608, Florida Statutes.			
SIGNATURE: 			
Signature and typed or printed name of person signing, manager, or authorized representative			

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