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

20047562

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

020222008 Chg-LLC CR2E063 (11/05)

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired — $8.00 Additional 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 familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MGR NAME Bray, Charles, A STREET ADDRESS 600 N. Atlantic Ave CITY-ST-ZIP Daytona Beach, FL 32118	☐ Delete ☐ Change ☐ Addition
TITLE MGR NAME Gillespie, Joseph G. STREET ADDRESS 600 N. Atlantic Ave CITY-ST-ZIP Daytona Beach, FL 32118	☐ Delete L000005051179 04/26/06-80108-003 50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition

11. I hereby certify that the information indicated on this filing statement 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 605, Florida Statutes.

SIGNATURE: _____

NAME AND TITLE OF INDIVIDUAL SIGNING (TYPE OR PRINT) — Date — Daytime Phone #