


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90316 030 ****50.00

DOCUMENT # L06000000954			
1. Entity Name BRAY & GILLESPIE XXXIV, LLC			
Principal Place of Business 800 BRICKELL AVENUE, SUITE 1270 MIAMI, FL 33131		Mailing Address 800 BRICKELL AVENUE, SUITE 1270 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 600 N. Atlantic Ave		3. Mailing Address 600 N. Atlantic Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State Daytona Beach	
Zip 32118	Country Volusia	Zip 32118	Country Volusia
4. FEI Number 20-4600787		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, MICHAEL A 800 BRICKELL AVENUE, SUITE 1270 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: Bray, Charles A. 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 <input checked="" type="checkbox"/>		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bray, Charles A. 600 N. Atlantic Ave Daytona Beach, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gillespie, Joseph G. 600 N. Atlantic Ave Daytona Beach, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: <input checked="" type="checkbox"/>		Date	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Daytime Phone #	
CHARLES A. BRAY		386-267-7687	
2/4/07			