


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 13, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90016 015 \*\*\*138.75

DOCUMENT # L06000000954  
 1. Entity Name  
 BRAY & GILLESPIE XXXIV, LLC



Principal Place of Business 600 N. ATLANTIC AVE DAYTONA BEACH, FL 32118	Mailing Address 600 N. ATLANTIC AVE DAYTONA BEACH, FL 32118
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30009314



01142008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4600787	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 N. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRAY, CHARLES A 600 N. ATLANTIC AVE DAYTONA BEACH, FL 32118	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GILLESPIE, JOSEPH G 600 N. ATLANTIC AVE DAYTONA BEACH, FL 32118	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Bray : Gillespie LLC III 600 N. Atlantic Ave 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 Date: 1/22/08 Daytona Phone #: 386-267-1603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE