





2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-04-2007 90316 031 ****50.00

DOCUMENT # L06000001520 1. Entity Name BRAY & GILLESPIE XXXV, 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. 		01162007 Chg-LLC CR2E083 (12/06)	
City & State Daytona Beach		City & State Daytona Beach		4. FEI Number 20-4600818	
Zip 32118		Country Volusia		Applied For <input type="checkbox"/> Not Applicable	
Zip 32118		Country Volusia		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 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  (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 MGR <input type="checkbox"/> Delete NAME Bray, Charles A. STREET ADDRESS 600 N. Atlantic Ave. CITY-ST-ZIP Daytona Beach, FL 32118			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 			DATE 2/4/07 DAYTIME PHONE # 386-267-1687		