

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90016 003 \*\*\*138.75

**DOCUMENT # L06000041666**

1. Entity Name  
**BRAY & GILLESPIE XLVIII HOLDINGS, LLC**



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

Mailing Address  
**600 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118**

**60039848**



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **20-4754270** Applied For  
**NOT APPLICABLE** Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRAY, CHARLES  
600 NORTH ATLANTIC AVENUE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GILLESPIE, JOSEPH G  
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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/28/08* *386-267-1603*  
Date Daytime Phone #