

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90070 004 ****50.00

DOCUMENT # M01000001853

1. Entity Name
BRAY & GILLESPIE LLC V



Principal Place of Business
222 DELAWARE AVENUE, 9TH FLOOR
WILMINGTON, NEW CASTLE CTY, DE 19801

Mailing Address
222 DELAWARE AVENUE, 9TH FLOOR
WILMINGTON, NEW CASTLE CTY, DE 19801



04142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3686617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLAYTON, THOMAS M ESQUIRE
600 NORTH 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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	BRAY & GILLESPIE V MANAGEMENT, INC.
STREET ADDRESS	PO BOX 265400
CITY-ST-ZIP	DAYTONA BEACH, FL 32126

TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

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

Date

Daytime Phone #

Charles A Bray 4/22/04 257-1950