


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-07-2008 90016 034 \*\*\*138.75

DOCUMENT # M01000001853 1. Entity Name BRAY & GILLESPIE LLC V	
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Principal Place of Business 600 NORTH ATLANTIC AVE DAYOTNA BEACH, FL 32118	Mailing Address 600 NORTH ATLANTIC AVE DAYOTNA BEACH, FL 32118
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**30009311**



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3686617	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 NORTH ATLANTIC AVE. DAYOTNA BEACH, FL 32118
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**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 \_\_\_\_\_

**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	D BRAY & GILLESPIE V MANAGEMENT, INC. PO BOX 265400 DAYOTNA BEACH, FL 32126 <i>Delet</i> <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Bray & Gillespie Holdings, LLC 600 N. Atlantic Ave Daytona Beach, FL 32118
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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 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 1/22/08 386 267-1403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #