

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90040 049 ****50.00

DOCUMENT # M05000007036 1. Entity Name BRAY & GILLESPIE, LLC XXXII					
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 600 N. Atlantic Ave		3. Mailing Address 600 N. Atlantic Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Daytona Beach, FL		City & State Daytona Beach, FL			
Zip 32118		Country Volusia		02022006 Chg-LLC CR2E083 (11/05)	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		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 Charles A. Bray Street Address (P.O. Box Number is Not Acceptable) 600 N. Atlantic Ave City Daytona Beach FL Zip Code 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 <u>Charles A. Bray</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, MICHAEL A 800 BRICKELL AVENUE, SUITE 1270 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bray Charles A 600 N. Atlantic Ave Daytona Beach, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gillespie, Joseph G 600 N. Atlantic Ave Daytona Beach, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Charles A. Bray</u> Date _____ Daytime Phone # _____		