

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90026 004 ****50.00

DOCUMENT # M06000000165

1. Entity Name
BRAY & GILLESPIE LA PLAYA, LLC



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

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

60050038



01222007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3589345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAY, CHARLES A
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

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BRAY, CHARLES A *Delete*
STREET ADDRESS 600 NORTH ATLANTIC AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGRM
NAME GILLESPIE, JOSEPH G *Delete*
STREET ADDRESS 600 NORTH ATLANTIC AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGR
NAME *Bray : Gillespie Holdings, LLC*
STREET ADDRESS *600 North Atlantic Ave*
CITY-ST-ZIP *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

**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

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

CHARLES A. BRAY

Date

2/4/07

Daytime Phone #

386-267-1687