

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90328 050 ****50.00

DOCUMENT # L00000003039
 1. Entity Name
 BEEMER & ASSOCIATES XVIII, L.L.C.



Principal Place of Business
 7880 GATE PKWY STE 300
 JACKSONVILLE, FL 32256

Mailing Address
 7880 GATE PKWY STE 300
 JACKSONVILLE, FL 32256

60047110



DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3634916	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent
 ASHOURIAN, MIKE
 7880 GATE PKWY STE 300
 JACKSONVILLE, FL 32256

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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.

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHOURIAN, MIKE 7880 GATE PKWY STE 300 JACKSONVILLE, FL 32256
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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: *Elaine Ashourian* Elaine Ashourian 4/24/2007 904992 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #