


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90048 009 ****50.00

DOCUMENT # L0000003040

1. Entity Name
BEEMER & ASSOCIATES XIX, L.L.C.




Principal Place of Business Mailing Address
13947 BEACH BLVD., SUITE 210 **13947 BEACH BLVD., SUITE 210**
JACKSONVILLE, FL 32224 **JACKSONVILLE, FL 32224**

2. Principal Place of Business 3. Mailing Address
7880 Gate Parkway **7880 Gate Parkway**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 300 **Suite 300**

City & State City & State
Jax, FL **Jax FL**

Zip Country Zip Country
32254 **US** **32256** **US**



03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
59-3634917 Not Applicable

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

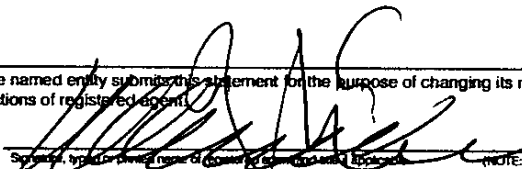
6. Name and Address of Current Registered Agent

ASHOURIAN, MIKE
13947 -210 BEACH BLVD/
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  DATE _____

Signature, typed or printed name of (current or former) registered agent. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

B. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHOURIAN, MIKE 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE _____ Daytime Phone # _____

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