


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90016 009 \*\*\*\*50.00

**DOCUMENT # L02000034375**

1. Entity Name  
**BEEEMER & ASSOCIATES XXI, L.L.C.**



Principal Place of Business <b>13947 BEACH BLVD., SUITE 210          JACKSONVILLE, FL 32224</b>	Mailing Address <b>13947 BEACH BLVD., SUITE 210          JACKSONVILLE, FL 32224</b>
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01062004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

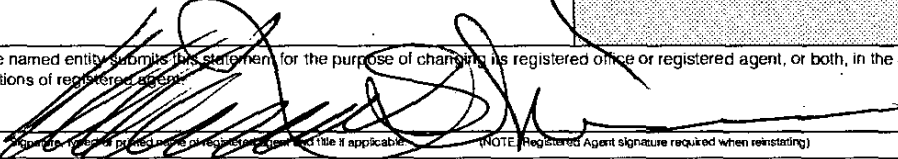
4. FEI Number <b>02-0659016</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**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  DATE \_\_\_\_\_

NOTE: Registered Agent signature required when re-registering.

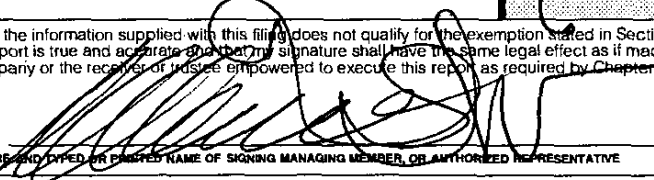
**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ASHOURIAN, MIKE 13947-210 BEACH BLVD JACKSONVILLE, FL 32224</b>
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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 exemption stated in Section 119.07(3)(1), 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 068, Florida Statutes.

SIGNATURE:  Date **1-9-04** Day/Time Phone # \_\_\_\_\_

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