


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-10-2006 90048 007 \*\*\*\*50.00

**DOCUMENT # L02000034375**

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



Principal Place of Business      Mailing Address

**13947 BEACH BLVD., SUITE 210  
 JACKSONVILLE, FL 32224**      **13947 BEACH BLVD., SUITE 210  
 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

**32256**      **US**      **32256**      **US**



03072006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
**02-0659016**      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)

**7880 GATE PARKWAY SUITE 300  
 JACKSONVILLE, FL 32256**

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 required for all changes to registered office and 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**

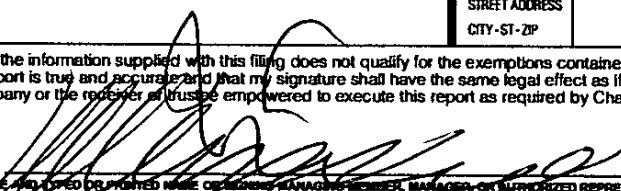
9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>ASHOURIAN, MIKE</b>	
STREET ADDRESS	<b>13947-210 BEACH BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7880 GATE PARKWAY SUITE 300</b>	
STREET ADDRESS	<b>JACKSONVILLE, FL 32256</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE