


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-01-2007 90328 006 \*\*\*\*50.00

**DOCUMENT # L03000005557**

1. Entity Name  
BEEMER & ASSOCIATES XXII, 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
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**DO NOT WRITE IN THIS SPACE**

60047171



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0821517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ASHOURIAN, MIKE  
7880 GATE PKWY.  
STE 300  
JACKSONVILLE, FL 32256

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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 904 992 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #