


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90240 030 ****50.00

DOCUMENT # L03000017633

1. Entity Name
BEMER & ASSOCIATES XXV, L.L.C.



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

Mailing Address
**P.O. BOX 551260
 JACKSONVILLE, FL 32255**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**13947 Beach Blvd.
 Suite 210**

City & State
**City & State
 Jacksonville, FL**

Zip Country
Zip 32224 Country Duval

02202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-1169334

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ASHOURIAN, MIKE
 13947 BEACH BLVD, STE 210
 JACKSONVILLE, FL 32256**

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ASHOURIAN, MIKE 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete |
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| 10. ADDITIONS / CHANGES | |
|------------------------------------------------|-------------------------------------------------------------------|
| 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 exemption stated in Section 119.07(3)(i), 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:  **3/18/05 904-99-9000**

SIGNATURE, TYPE OR PRINTED NAME OF BOARD MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #