


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-23-2005 90239 005 ****50.00

DOCUMENT # L04000078628

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



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

Mailing Address
**ANSBACHER & SCHNEIDER, P.A.
 P.O. BOX 551260
 JACKSONVILLE, FL 32255**

DUVAL COUNTY



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

3. Mailing Address
13947-210 Beach Blvd.
 Suite, Apt. #, etc.

02202005 Chg-LLC CR2E083 (10/03)

City & State
Jacksonville, FL 32224

Zip Country
32224 Duval

4. FEI Number
59-3515916

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SCHNEIDER, MICHAEL N
 5150 BELFORT ROAD, BUILDING 100
 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

B. 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.

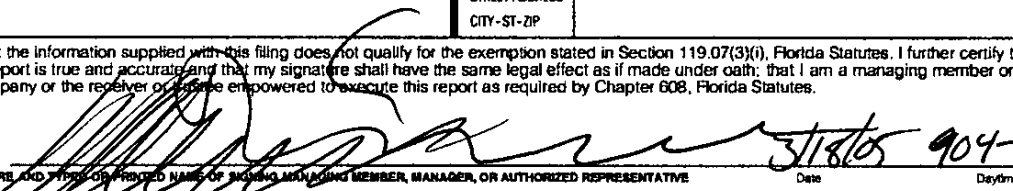
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to Florida Department of State

9. 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	<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:  **3/18/05 904-992-9000**

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