


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-01-2007 90328 019 \*\*\*\*50.00

**DOCUMENT # L04000079037**

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



Principal Place of Business      Mailing Address  
**7880 GATE PARKWAY**      **7880 GATE PARKWAY**  
**SUITE 30**      **SUITE 30**  
**JACKSONVILLE, FL 32256**      **JACKSONVILLE, FL 32256**      **US**      **US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**60047158**



01082007      Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
**59-3408285**       Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>SCHNEIDER, MICHAEL N</b>	Name <b>Mike Ashourian</b>
<b>5150 BELFORT ROAD BLDG 100</b>	Street Address (P.O. Box Number is Not Acceptable) <b>7880 GATE PARKWAY SUITE 300</b>
<b>JACKSONVILLE, FL 32256</b>	<b>JACKSONVILLE, FL 32256</b>
	City <b>FL</b> 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  **MIKE ASHOURIAN, MGR**      **4/24/07**  
(NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>ASHOURIAN, MIKE</b> <b>7880 GATE PARKWAY SUITE 300</b> <b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**      **4/24/2007**      **904 992-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #