


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-23-2005 90239 002 ****50.00

DOCUMENT # L04000079040

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



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

Mailing Address
**PO BOX 551260
 JACKSONVILLE, FL 32255**

60049000



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

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

02202005 Chg-LLC CR2E083 (10/03)

City & State
Jack **sonville, FL**

4. FEI Number
59-3361513

Applied For
 Not Applicable

Zip Country
32224 Duval

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	
SCHNEIDER, MICHAEL N 5150 BELFORT ROAD BLDG 100 JACKSONVILLE, FL 32256		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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 STE. 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)(f), 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 TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #