


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2007 90328 021 ****50.00

DOCUMENT # L04000079040

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



60047156

Principal Place of Business Mailing Address
7880 GATE PARKWAY **7880 GATE PARKWAY**
SUITE 300 **SUITE 300**
JACKSONVILLE, FL 32256 US **JACKSONVILLE, FL 32256 US**



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

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

01082007 Chg-LLC CR2E083 (12/06)

City & State City & State

4. FEI Number Applied For
59-3361513 Not Applicable

Zip Country Zip Country

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 **Mike Ashourian**
 Street Address (P.O. Box Number is Not Acceptable) **7880 GATE PARKWAY SUITE 300**
JACKSONVILLE, FL 32256
 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 *[Signature]* **MIKE ASHOURIAN MGR** DATE **4/24/07**

(NOTE: Registered Agent signature required when reinstating)

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 **MGR** Delete
 NAME **ASHOURIAN, MIKE**
 STREET ADDRESS **7880 GATE PARKWAY SUITE 300**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE Change Addition
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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: *[Signature]* **Elaine Ashourian** DATE **4/24/2007** DAYTIME PHONE # **904 992 9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE