


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

03-23-2005 90239 001 \*\*\*\*50.00

<b>DOCUMENT # L04000079052</b>	
1. Entity Name <b>BEMER &amp; ASSOCIATES II, L.L.C.</b>	


Principal Place of Business <b>13947 BEACH BLVD. SUITE 210 JACKSONVILLE, FL 32224</b>	Mailing Address <b>ANSBACHER &amp; SCHNEIDER P.O. BOX 551260 JACKSONVILLE, FL 32255</b>
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2. Principal Place of Business	3. Mailing Address <b>13947 Beach Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 210</b>

City & State	City & State <b>Jacksonville, FL</b>
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Zip	Country	Zip	Country
<b>32224</b>		<b>32224</b>	<b>Duval</b>

**20024100**



02202005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3356084</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SCHNEIDER, MICHAEL N 5150 BELFOT ROAD BUILDING 100 JACKSONVILLE, FL 32256</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

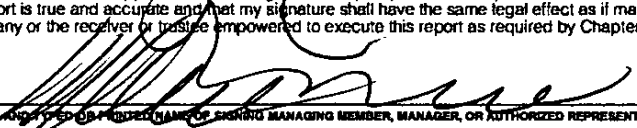
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when existing) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ASHOURIAN, MIKE</b>			NAME			
STREET ADDRESS	<b>13947 BEACH BLVD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 90 9000**

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