


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2007 90329 026 ****50.00

DOCUMENT # L05000014850

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




Principal Place of Business
**7880 GATE PARKWAY STE 300
 JACKSONVILLE, FL 32256**

Mailing Address
**7880 GATE PARKWAY STE 300
 JACKSONVILLE, FL 32256**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-7339546

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**ANSBAGHER & SCHNEIDER, P.A.
 7880 GATE PARKWAY STE 300
 JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

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 *Mike Ashourian* **MIKE ASHOURIAN MGR** DATE 4/24/07

Signature typed or printed name of registered agent and state if applicable. (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHOURIAN, MIKE 7880 GATE PKWY STE 300 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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: *Deanne D. Ashourian* 4-24-07 (904) 992-9000

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