


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90048 030 \*\*\*\*50.00

**DOCUMENT # L05000025886**

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



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

Mailing Address  
**ANSBACHER & SCHNEIDER, P.A.  
 P.O. BOX 551260  
 JACKSONVILLE, FL 32255**



2. Principal Place of Business  
**7880 Gate Parkway**

3. Mailing Address  
**7880 Gate Parkway**

Subs. Apt. #, etc.  
**Suite 300**

03072006 Chg-LLC CR2E083 (11/05)

City & State  
**Jax FL**

City & State  
**Jax FL**

Zip  
**32256** Country **US**

Zip  
**32256** Country **US**

4. FEI Number  
**20-2507372**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ANSBACHER & SCHNEIDER, P.A.  
 5150 BELFORT ROAD, BUILDING 100  
 JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name  
 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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when registering)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

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

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ASHOURIAN, MIKE	13947 BEACH BLVD., SUITE 210	JACKSONVILLE, FL 32224	<input type="checkbox"/>
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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		7880 GATE PARKWAY SUITE 300	JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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
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

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 606, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE AND TITLE REQUIRED FOR NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE