2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-10-2006 90048 029 ****50.00

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

Principal Place of Business	Mailing Address
13947 BEACH BLVD STE 210 JACKSONVILLE, FL 32224	PO BOX 5512601 JACKSONVILLE, FL 32255

03072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
7880 Gate Parkway	7880 Gate Parkway
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Jax, FL	City & State Jax FL
Zip 32256 Country US	Zip 32256 Country US

4. FEI Number 20-2596953 ☐ Applied For ☐ Not Applicable

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
ANSBACHER & SCHNEIDER, P.A. 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 ____________________ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #