


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-01-2007 90328 040 \*\*\*\*50.00

**DOCUMENT # L05000036043**

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




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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

00047103



01082007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**20-2682729**      Not Applicable

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

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

**7. Name and Address of New Registered Agent**  
 Name Mike Ashourian  
 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 Mike Ashourian      **MIKE ASHOURIAN, MGR**      4/24/07  
(NOTE: Registered Agent signature required when reinstating)      DATE

**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	MGRM ASHOURIAN, MIKE 7880 GATE PARKWAY SUITE 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
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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
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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:** Elaine Ashourian      Elaine Ashourian      4/24/2007      904 992 9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #