



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2007 90328 036 ****50.00

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|--|---|--|--|---|-------------------------------|---|--|
| DOCUMENT # L05000102513 | | | |  | | | |
| 1. Entity Name BEEMER & ASSOCIATES XLIV, L.L.C. | | | | | | | |
| Principal Place of Business 7880 GATE PKWY SUITE 300 JACKSONVILLE, FL 32256 | | Mailing Address 7880 GATE PKWY SUITE 300 JACKSONVILLE, FL 32256 | | <p style="font-size: 24pt; text-align: center;">60047189</p>  <p>01082007 Chg-LLC CR2E083 (12/06)</p> | | | |
| 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 | 4. FEI Number 20-3713860 | Applied For Not Applicable | | |
| 6. Name and Address of Current Registered Agent ANSBACHER & SCHNEIDER, P.A. 7880 GATE PKWY SUITE 300 JACKSONVILLE, FL 32256 | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 7. Name and Address of New Registered Agent Name <u>Mike Ashourian</u> Street Address (P.O. Box Number is Not Acceptable) <u>7880 GATE PARKWAY SUITE 300</u> <u>JACKSONVILLE, FL 32256</u> City <u>FL</u> 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 <u>[Signature]</u> <u>MIKE ASHOURIAN, MGR</u> DATE <u>4/24/07</u> | | | |
| | | | | Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| | | | | 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ASOURIAN, MIKE 7880 GATE PKWY SUITE 300 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASHOURIAN, MIKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
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| 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: <u>Elaine Ashourian</u> | | Elaine Ashourian | | Date: <u>4/24/2007</u> Daytime Phone #: <u>904 992 9000</u> | | | |