2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Mar 22, 2005 08:00 AM Secretary of State DOCUMENT # L02000034343 BEEMER & ASSOCIATES XX, L.L.C. Principal Place of Business Mailing Address 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224 02202005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1863423 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent ASHOURIAN, MIKE DO NOT WRITE 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Renistered Agent Signature required when reinstaffing) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ASHOURIAN, MIKE NAME 13947 BEACH BLVD., SUITE 210 STREET ADDRESS JACKBONVILLE, FL 32224 CITY-ST-ZIP गाए NAME UUUUUZ 129 14 STREET ADDRESS 03/22/05-20005-022 50 m CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7/P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 regeiver or grustey empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED