


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90048 008 ****50.00

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| DOCUMENT # L02000034343 |  |
| 1. Entity Name BEEMER & ASSOCIATES XX, L.L.C. | |

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| Principal Place of Business 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224 | Mailing Address 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224 |
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| 2. Principal Place of Business 7880 Gate Parkway Suite, Apt. #, etc. Suite 300 | 3. Mailing Address 7880 Gate Parkway Suite, Apt. #, etc. Suite 300 |
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|--------------------------------|-------------------------------|
| City & State Jax, FL | City & State Jax FL |
| Zip 32256 | Country US |



03072006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 14-1863423 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ASHOURIAN, MIKE 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224 | 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 |
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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.

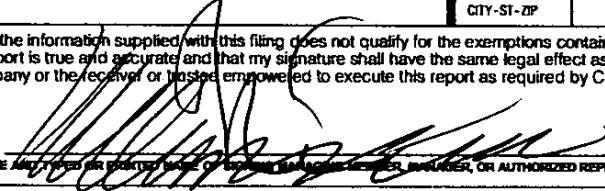
SIGNATURE  DATE _____

Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ASHOURIAN, MIKE 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256 <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 |
| 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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| 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 |

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:  _____

SIGNATURE AND TITLE REQUIRED FOR REGISTERED AGENT, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____