

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A94000000421**

1. Entity Name  
**BEEMER & ASSOCIATES, LTD.**



Principal Place of Business  
**13947 BEACH BLVD., STE. 210  
JACKSONVILLE, FL 32224**

Mailing Address  
**13947 BEACH BLVD., STE. 210  
JACKSONVILLE, FL 32224**

**FILED**

**2004 JAN 16 AM 8:56**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



**01062004 Chg-LP CR2E003 (10/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3232496**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASHOURIAN, MAHMOUD  
13947 BEACH BLVD., STE. 210  
JACKSONVILLE, FL 32224**

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.

**200027111072**

**01/16/04--01060--003 \*\*141.25**

9. Capital Contributions  
as Shown on record. **\$309,548.82**

10. Amount of Capital Contributions  
in FLORIDA to date. **4,950.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **517147**  
NAME **ASH PROPERTIES, INC.**  
STREET ADDRESS **13947 BEACH BLVD., STE. 210**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

STREET ADDRESS

CITY-ST-ZIP

**01/16/04--01060--003 \*\*141.25**

DOCUMENT #  
NAME **ASHOURIAN, MIKE**  
STREET ADDRESS **13947 BEACH BLVD., STE. 210**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

STREET ADDRESS

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1-9-04**

STAPLE CHECK HERE