

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

**DOCUMENT # A96000000207**

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



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**59-3361513**

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, MIKE  
 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

DATE

9. Capital Contributions  
 as Shown on record. **\$4,900.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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

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

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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 #

FILED

2004 JAN 16 AM 8:18

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

1-9-04