


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000001972

1. Entity Name
BEEMER & ASSOCIATES V, 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
 Suite, Apt. #, etc.
 City & State
 Zip Country


3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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01062004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3408285

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 # NAME STREET ADDRESS CITY-ST-ZIP	517147 ASH PROPERTIES, INC. 13947 BEACH BLVD., STE. 210 JACKSONVILLE, FL 32224	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ASHOURIAN, MIKE 13947 BEACH BLVD., STE. 210 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:  **1-9-04**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE