

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006459 AT

DOCUMENT # A96000001972



1. Entity Name
BEEMER & ASSOCIATES V, LTD.

FILED

03 MAR 19 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13947 BEACH BLVD., STE. 210 JACKSONVILLE FL 32224	Mailing Address 13947 BEACH BLVD., STE. 210 JACKSONVILLE FL 32224
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State	City & State	4. FEI Number 59-3408285	Applied For
			Not Applicable

Zip	Country	Zip	Country
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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 _____ 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.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	STREET ADDRESS	400014379754 03/19/03--01071--005 **141.25
NAME	ASH PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	13947 BEACH BLVD., STE. 210		
CITY-ST-ZIP	JACKSONVILLE FL 32224		
DOCUMENT #		STREET ADDRESS	
NAME	ASHOURIAN, MIKE	CITY-ST-ZIP	
STREET ADDRESS	13947 BEACH BLVD., STE. 210		
CITY-ST-ZIP	JACKSONVILLE FL 32224		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: _____ **REQUIRED**
Signature and typed or printed name of signing general partner

Date _____ Daytime Phone # _____

CR2E003 (10/02)