

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001972



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3408285**

Applied For
Not Applicable

Zip

Country

Zip

Country

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**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	517147 ASH PROPERTIES, INC. 13947 BEACH BLVD., STE. 210 JACKSONVILLE FL 32224
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ASHOURIAN, MIKE 13947 BEACH BLVD., STE. 210 JACKSONVILLE FL 32224
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	400014379754 03/19/03--01071--005 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
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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: _____
Signature and typed or printed name of signing general partner

Date _____ Daytime Phone # _____

CR2E003 (10/02)