2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000003039

1. Entity Name
BEEMER & ASSOCIATES XVIII, L.L.C.

Principal Place of Business	Mailing Address
13947 BEACH BLVD., SUITE 210	P.O. BOX 551260
JACKSONVILLE, FL 32224	JACKSONVILLE, FL 32255

2. Principal Place of Business	**3.** Mailing Address	
7880 GATE PARKWAY SUITE 300	7880 GATE PARKWAY SUITE 300	
Suite, Apt. #, JACKSONVILLE, FL 32256	Suite, Apt. # JACKSONVILLE, FL 32256	04052006 Chg-LLC CR2E083 (11/05)
City & State	City & State	**4.** FEI Number Applied For
		59-3634916 Not Applicable
Zip Country	Zip Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

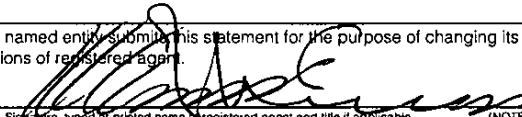| **6.** Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
ASHOURIAN, MIKE 13947 BEACH BLVD STE 210 JACKSONVILLE, FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) 7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256 City FL Zip Code

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   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2006**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ASHOURIAN, MIKE		NAME	7880 GATE PARKWAY SUITE 300
STREET ADDRESS	13947 BEACH BLVD., SUITE 210		STREET ADDRESS	JACKSONVILLE, FL 32256
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #