LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) L02000034375 **DOCUMENT #** 03-19-2003 90047 019 ****50.00 03 MAY 12 PM I2: 20 1. Entity Name BEEMER & ASSOCIATES XXI, L.L.C. SECRETARY OF STATE TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 13947 Beach Blvd. 13947 Beach Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 210 Suite 210 City & State City & State Applied For Jacksonville, FL Jacksonville, FL Not Applicable Country Country \$5.00 Additional 32224 Fee Required Duval 32224 Duval 7. Name and Address of Current Registered Agent Name Mike Ashourian DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable INTHIS SPACE 13947-210 Beach Blvd Jacksonville 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 8. The above named entity submits to the obligations of regig SIGNATURE e of registered agent and title if ap FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 15 MANAGING MEMBERS/MANAGERS Managing Partner TITLE CR2E083B (12/02) Mike Ashourian NAME 13947-210 Beach Blvd. STREET ADDRESS CITY ST ZIP STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 32224 TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City St. ZIP STREET ADDRESS DO NOTWRITE CITY-ST-ZIF TITLE TITLE TO IN THIS SPACE NAME STREET ADDRESS STREET ADDRE CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE mie 🔻 NAME STREET ADDRESS CITY-ST-ZIP ity for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the the same legal effect as if made under oath; that I am a managing member of manager of the this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied indicated on this report is true and a limited liability company or the rec-

N GER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #