
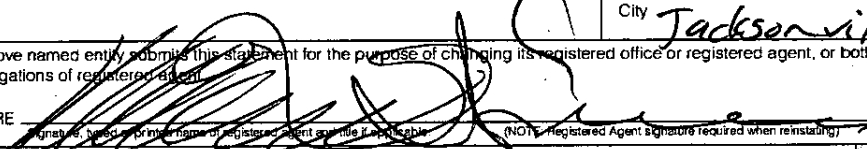
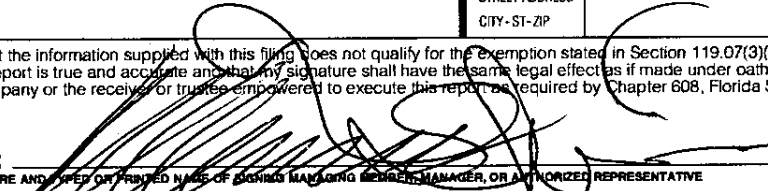


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90016 026 \*\*\*\*50.00

<b>DOCUMENT # L03000027095</b>							
1. Entity Name <b>BEEMER &amp; ASSOCIATES XXVIII, L.L.C.</b>							
Principal Place of Business <b>13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224</b>			Mailing Address <b>P.O. BOX 551260 ANSBACHER &amp; SCHNEIDER, P.A. JACKSONVILLE, FL 32255</b>				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>20-0120193</b>			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256</b>			Name <b>Ashourian Mike</b>				
			Street Address (P.O. Box Number is Not Acceptable) <b>13947-Beach Blvd.</b>				
			City <b>Jacksonville</b>		FL	Zip Code <b>32224</b>	
			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 <b>1/9/04</b>				
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ASHOURIAN, MIKE</b>			NAME			
STREET ADDRESS	<b>13947 BEACH BLVD., SUITE 210</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: 				Date <b>1-9-04</b> Daytime Phone # <b>904-970-9000</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							