

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90328 017 ****50.00

DOCUMENT # L04000005206

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



Principal Place of Business
**7880 GATE PKWY STE 300
JACKSONVILLE, FL 32256**

Mailing Address
**7880 GATE PKWY STE 300
JACKSONVILLE, FL 32256**

60047160



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3778257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
5150 BELFORT RD, BLDG 100
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name **Mike Ashourian**
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 **MIKE ASHOURIAN, MGR**

DATE **4/24/07**

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ASHOURIAN, MIKE**
STREET ADDRESS **7880 GATE PKWY STE 300**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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: **Elaine Ashourian**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/2007 904 992 9000
Date Daytime Phone #