

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90048 035 ****50.00

DOCUMENT # L04000030018					
1. Entity Name BEEMER & ASSOCIATES XXXIII, L.L.C.					
Principal Place of Business 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224			Mailing Address 13947 BEACH BLVD SUITE 210 JACKSONVILLE, FL 32224		
2. Principal Place of Business 7880 Gate Parkway Suite, Apt. #, etc. <u>Suite 300</u>		3. Mailing Address 7880 Gate Parkway Suite, Apt. #, etc. <u>Suite 300</u>			
City & State Jax FL		City & State Jax FL		03072006 Chg-LLC CR2E083 (11/05)	
Zip <u>32256</u> Country <u>US</u>		Zip <u>32256</u> Country <u>US</u>		4. FEI Number 20-1030782	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORD ROAD, BUILDING 100 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHOURIAN, MIKE 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	