2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Claimick achourian

SIGNATURE: Clauch Clohouran Elaine Ashaurian SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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

DOCUMENT # L04000078619 1. Entity Name BEEMER & ASSOCIATES, L.L.C.					05-01-2007 90329 015 ****50.00			
Principal Place of Business · Mailing Address					e de la companya de l			
7880 GATE F		7880 GATE PARKWAY					ž.,	
SUITE 300	MANUTAL	SUITE 300					•	
	E, FL 32256 US	JACKSONVILLE, FL 32256 US						
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number 59-3232			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	□ \$5.00 A	
	6. Name and Address of Current	Registered Agent	Agent		7. Name and A	Address of New Re	egistered Agent	
			N	lame / - /-	: in1-1.			
SCHNEIDE	ER, MICHAEL N		<u> </u>	usno	J/19~,	111,60		
1000 6/112 : / 11/11/11/11					P.O. Box Number	is Not Acceptable)	
SUITE 300								
JACKSON	VILLE, FL 32256	/						
			Ci				FL Zip Co	de
n The	//						,	
8. The above named entry somits 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.								
and a land a grand a g								
SIGNATURE ////////////////////////////////////								
Signature (specific replacement) (NOTE: Registered Agent agressure required when remaining) DATE								
1								
	ling Fee is \$50.00						e check payable to	
Di	ue by May 1, 2007				1		Department of Sta	ite
•	AAANA OINIO MENDI	50.044440550	7.5		F_			3 18 - Q-10. 1
9.	MANAGING MEMBE		10.	<u> </u>		ADDITIONS/		
TITLE	MGR Delete ASHOURIAN, MIKE		TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS	7880 GATE PARKWAY SUITE 3	00	STREET AL					
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-	ZIP				
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NAME			NAME					
STREET ADDRESS			STREET AD	DDRESS				
CITY-ST-ZIP			CITY-ST-	ZIP				
11. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exempt	ions contained i	in Chapter 119, F	lorida Statutes. I fu	rther certify that the in	formation
indicated	on this report is true and accurate and bility company or the receiver or truste	that my signature shall have:	the same leg	jal effect as if π	ade under oath;	that I am a manag	ing member or manag	ger of the