## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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DOCUMENT # L05000102513  1. Entity Name BEEMER & ASSOCIATES XLIV, L.L.C.							÷	05-01-2007			).00
Principal Plac	e of Business		Mailing Address		A 152						
7880 GATE			<del>-</del>			i		6004	110n		
SUITE 300	raini		7880 GATE PKWY					0004	109		
	LE, FL 32256		SUITE 300 Jacksonville, FL 3	22256							
MUNDONVILL	11,11 32230		JACKSONVILLE, FE	02230				ISIDI ANII SSIN SCIN CA			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01082007 Chg-LLC CR2E083 (12/06)					
City & Stat	е		City & State				4, FEI Number			Ap	pplied For
							20-3713	860		No	ot Applicable
Zip	Country		Zip	Cour	ntry		5. Certificate of	of Status Desired		\$5.00 Add	
	6. Name and Addr	ess of Current	Registered Agent				7. Name and	Address of New F	Registered	Agent	
					Name	m	٠ ا ا	2-1			
<b>ANSBACH</b>	IER & SCHNEIDE	₹, P.A.	-			<u> </u>	re	45 NOSC	ian		
7880 GATE PKWY SUITE 300					Street Address (P.O. Box Number is Not Acceptable)						
					7880 GATE PARKWAY SUITE 300						
JACKSON	VILLE, FL 32256	f = f					JACKSO	NVILLE, FL	32256		
	1.6	# /I /			City		-			Zip Cod	
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8. The above		is statement to	r the purpose of changing	its register	red office or r	registere	ed agent, or both	in the State of El	orida Loc	familiar with	and accept
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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: LAW WHOLEN Elaine HS hourian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/2007

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