
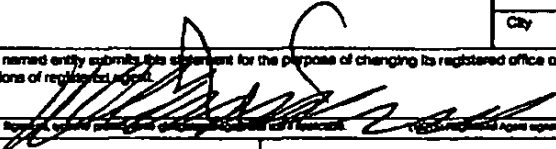
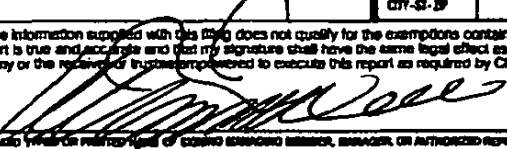


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2006 8:00 am
Secretary of State

04-10-2006 90048 039 ****50.00

DOCUMENT # L05000118381		
1. Entity Name BEEMER & ASSOCIATES XLVI, L.L.C.		
Principal Place of Business 13947 BEACH BLVD., STE. 210 JACKSONVILLE, FL 32224		Mailing Address ANSBACHER & SCHNEIDER, P.A. P.O. BOX 551260 JACKSONVILLE, FL 32255
2. Principal Place of Business 7880 Gate Parkway		3. Mailing Address 7880 Gate Parkway
Subs. Apt. #, etc. Suite 300		Subs. Apt. #, etc. Suite 300
City & State Jax FL		City & State Jax FL
Zip 32256	Country US	Zip 32256
Country US		4. FEI Number 20-4002142
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD, BLDG. 100 JACKSONVILLE, FL 32258		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: 		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
MANAGING MEMBERS / MANAGERS		ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
Mike Astorjian	<input type="checkbox"/> Delete	7880 GATE PARKWAY SUITE 300
Director	<input type="checkbox"/> Delete	JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. 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 registered agent employed to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 		
<small> BOARDING AND TRADING ON PUBLIC BEHALF OF COMPANY OR INDIVIDUAL MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE </small>		