

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

60047192

<b>DOCUMENT # L05000122563</b>		05-01-2007 90328 033 ****50.00	
1. Entity Name <b>BEEMER &amp; ASSOCIATES XL VII, L.L.C.</b>			
Principal Place of Business <b>4880 GATE PKWY SUITE 300 JACKSONVILLE, FL 32256</b>		Mailing Address <b>4880 GATE PKWY SUITE 300 JACKSONVILLE, FL 32256</b>	
2. Principal Place of Business - No P.O. Box # <b>7880 Gate Parkway 7880</b>		3. Mailing Address <b>7880</b>	
Suite, Apt. #, etc. <b>7880 GATE PARKWAY SUITE 300</b>		Suite, Apt. #, etc. <b>7880 GATE PARKWAY SUITE 300</b>	
City & State <b>JACKSONVILLE, FL 32256</b>		City & State <b>JACKSONVILLE, FL 32256</b>	
Zip <b>32256</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>ANSBACHER &amp; SCHNEIDER, P.A. 7880 GATE PKWY SUITE 300 JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent Name <b>Mike Ashourian</b> Street Address (P.O. Box Number is Not Acceptable) <b>7880 GATE PARKWAY SUITE 300</b> City <b>JACKSONVILLE, FL 32256</b> Zip Code <b>FL 32256</b>	
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 		DATE <b>4/24/07</b>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>D</b>		TITLE <b>Ashourian</b>	
NAME <b>ASHOURIAN, MIKE</b>		NAME <b>Ashourian</b>	
STREET ADDRESS <b>7880 GATE PKWY SUITE 300</b>		STREET ADDRESS <b>7880 GATE PARKWAY SUITE 300</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32256</b>		CITY-ST-ZIP <b>JACKSONVILLE, FL 32256</b>	
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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: 		4/24/2007 904 992 9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	