


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2006 90048 024 ****50.00

DOCUMENT # L98000002151

1. Entity Name
BEEMER & ASSOCIATES VII, L.C.



Principal Place of Business Mailing Address

13947 BEACH BLVD, SUITE 210 **13947 BEACH BLVD, SUITE 210**
JACKSONVILLE, FL 32224 **JACKSONVILLE, FL 32224**

2. Principal Place of Business 3. Mailing Address


7880 Gate Parkway **7880 Gate Parkway**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Jax FL **Jax FL**

Zip Country Zip Country

32256 **US** **32256** **US**



03072008 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

59-3539708 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ASHOURIAN, MIKE
13947 BEACH BLVD., STE 210
JACKSONVILLE, FL 32224

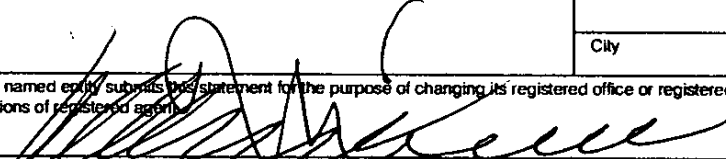
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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:  DATE: _____

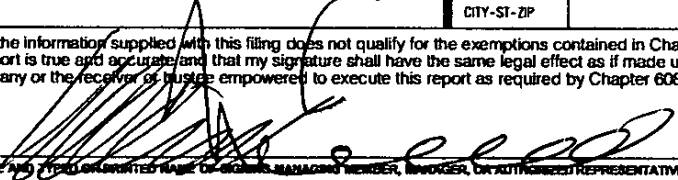
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <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
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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 of justice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE