


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-10-2006 90048 025 \*\*\*\*50.00

**DOCUMENT # L99000002705**

1. Entity Name  
**BEEMER & ASSOCIATES X, 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.  
**Suite 300**      **Suite 300**

City & State      City & State

**Jax, FL**      **Jax, FL**

Zip      Country      Zip      Country

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

**03072006**      **Chg-LLC**      **CR2E083 (11/05)**

4. FEI Number      Applied For  
**59-3575717**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ASHOURIAN, MIKE**  
**13947 -210 BEACH BLVD**  
**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: \_\_\_\_\_

Spelling, type of printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)

**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	<b>MGR</b> <b>ASHOURIAN, MIKE</b> <b>13947 BEACH BLVD., SUITE 210</b> <b>JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7880 GATE PARKWAY SUITE 300</b> <b>JACKSONVILLE, FL 32256</b> <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
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 or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:**       Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE