

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2007 90328 011 ****50.00

60047166



01082007 Chg-LLC CR2E083 (12/06)

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|--|---------|--|---------|--------------------------------|
| DOCUMENT # L99000002705 | | | | |
| 1. Entity Name BEEMER & ASSOCIATES X, L.C. | | | | |
| Principal Place of Business 7880 GATE PKWY STE 300 JACKSONVILLE, FL 32256 | | Mailing Address 7880 GATE PKWY STE 300 JACKSONVILLE, FL 32256 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3575717 |
| | | | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required |

| | | | | | |
|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ASHOURIAN, MIKE 43947-210 BEACH BLVD JACKSONVILLE, FL 32224 | | | Name ASHOURIAN, MIKE | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 7880 GATE PARKWAY SUITE 300 | | |
| | | | City 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | MGR ASHOURIAN, MIKE 7880 GATE PKWY, STE 300 JACKSONVILLE, FL 32256 | <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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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: Elaine Ashourian *Elaine Ashourian* **4/24/2007** **904 992 9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #