


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-10-2006 90047 027 \*\*\*\*50.00

**DOCUMENT # L99000003469**

1. Entity Name  
**BEEMER & ASSOCIATES XII, L.C.**



Principal Place of Business      Mailing Address

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



03072008    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
**59-3581312**      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: \_\_\_\_\_

Signature typed or printed name of registered agent 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>MGRM ASHOURIAN, MIKE 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7880 GATE PARKWAY SUITE 300 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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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:**       Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

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