2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Mar 22, 2005 08:00 AM Secretary of State DOCUMENT # L99000006100 1. Entity Name BEEMER & ASSOCIATES XVII, L.C. Principal Place of Business Mailing Address 13947 BEACH BLVD., STE 210 13947 BEACH BLVD., STE 210 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 02202005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3607789 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ASHOURIAN, MIKE 13947 210 BEACH BLVD JACKSONVILLE, FL 32224 IN THIS SPACE 1. 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. Signature, typed or printed name of registered agent and this if applicable, (NOTE, Registered Agent signature required when religitating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TILLE ASHOURIAN, MIKE NAME 13947 BEACH BLVD, STE 210 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL Same survey and market have been a first trans-U000000272467 *** THIE 19/22/05-90005-019 50.10 NAME STREET ADDRESS CITY-ST-ZIP mı≠ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE mle NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 justed emberred to execute this report as required by Chapter 608, Florida Statutes.

FILED