

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2006 90048 010 ****50.00

DOCUMENT # L99000006100

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



Principal Place of Business
**13947 BEACH BLVD., STE 210
JACKSONVILLE, FL 32224**

Mailing Address
**13947 BEACH BLVD., STE 210
JACKSONVILLE, FL 32224**

2. Principal Place of Business

**7880 Gate Parkway
Suite, Apt. #, etc. Suite 300**

3. Mailing Address

**7880 Gate Parkway
Suite, Apt. #, etc. Suite 300**

City & State
Jax FL

City & State
Jax FL

Zip
32256 Country
US

Zip
32256 Country
US

03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3607789

Applied For
☐ 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)
**7880 GATE PARKWAY SUITE 300
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

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ASHOURIAN, MIKE
13947 BEACH BLVD, STE 210
JACKSONVILLE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7880 GATE PARKWAY SUITE 300
JACKSONVILLE, FL 32256** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND CAPTION OF PERSON (NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)

Date

Daytime Phone #