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Apr. 18. 2005 4:39PM

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90021 009 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000002929

1. Entity Name
AG BEAUMONT 16, LLC



20056292

Principal Place of Business
**C/O HIRSCHLER FLEISCHER
701 BYRD STREET, 15TH FLOOR
RICHMOND, VA 23219**

Mailing Address
**C/O HIRSCHLER FLEISCHER
701 BYRD STREET, 15TH FLOOR
RICHMOND, VA 23219**

2. Principal Place of Business
**1400 NW 107 Avenue
Suite, Apt. #, etc.
4th Floor**

3. Mailing Address
**1400 NW 107 Avenue
Suite, Apt. #, etc.
4th Floor**



04152005 Chg-LLC CR2E083 (10/03)

City & State
Miami FL

City & State
Miami FL

4. FEI Number
Not Applicable

Applied For
Not Applicable

Zip
33172 Country
USA

Zip
33172 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLUMER, FRANKLIN P
701 E. BYRD STREET, 15TH FLOOR
RICHMOND, VA 23219** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**20441 Blythe Street
Winnemka, CA 91306** ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 register or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: Franklin P. Blumer
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

19 Apr 2005 818-222-4308
Date Daytime Phone #