

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041833

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** ACCURATE WIRELESS, LLC

**Current Principal Place of Business:**

4114 U.S. HIGHWAY 90 WEST  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

4114 U.S. HIGHWAY 90 WEST  
LAKE CITY, FL 32024

**New Mailing Address:**

273 SW MORRELLS COURT  
LAKE CITY, FL 32024

FEI Number: 20-2295057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWEN, LAWRENCE  
4114 U.S. HIGHWAY 90 WEST  
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

BOWEN, LAWRENCE  
273 SW MORRELLS COURT  
LAKE CITY, FL 32024 US

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.

SIGNATURE: LAWRENCE BOWEN

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BOWEN, LAWRENCE  
Address: 273 SW MORRELLS COURT  
City-St-Zip: LAKE CITY, FL 32024

Title: MGRM ( ) Change (X) Addition  
Name: ADAMS, BECKY  
Address: 273 SW MORRELLS COURT  
City-St-Zip: LAKE CITY, FL 32024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LAWRENCE BOWEN

MGR

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date