


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A92000000291</b>			
1. Entity Name <b>ACCURATE INFO, LTD.</b>			
Principal Place of Business <b>C/O ICN CORP. 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483</b>		Mailing Address <b>C/O ICN CORP. 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number **65-0384330** ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ACCUFON CORP. 1801 SOUTH FEDERAL HIGHWAY SUITE 300 DELRAY BEACH FL 33483</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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 and title if applicable

9. Capital Contributions as Shown on record. **\$7,250,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>F99000001119</b>	STREET ADDRESS	<b>U000000368160</b>
NAME	<b>ACCUFON CORP.</b>	CITY-ST-ZIP	<b>05/24/05-80009-007 526.25</b>
STREET ADDRESS	<b>1801 SOUTH FEDERAL HIGHWAY, SUITE 300</b>		
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>		
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/29/05** **561-272-5666**  
Date Daytime Phone #