

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # A92000000291



1. Entity Name
ACCURATE INFO, LTD.

Principal Place of Business
**C/O ICN CORP.
1801 SOUTH FEDERAL HIGHWAY, SUITE 300
DELRAY BEACH, FL 33483**

Mailing Address
**C/O ICN CORP.
1801 SOUTH FEDERAL HIGHWAY, SUITE 300
DELRAY BEACH, FL 33483**



DO NOT WRITE IN THIS SPACE

01252007 No Chg-LP

CR2E003 (12/06)

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

**ACCUFON CORP.
1801 SOUTH FEDERAL HIGHWAY
SUITE 300
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT # **F99000001119**
NAME **ACCUFON CORP.**
STREET ADDRESS **1801 SOUTH FEDERAL HIGHWAY, SUITE 300**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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U000000646606
03/06/07-80039-007 500.00

**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or 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

Date

Daytime Phone #