2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A92000000291

ACCURATE INFO, LTD.

Apr 02, 2008 08:00 AN Secretary of State

Principal Place of Business

C/O ICN CORP.

1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH, FL 33483

Mailing Address C/O JCN CORP.

1801 SOUTH FEDERAL HIGHWAY, SUITE 300

DELRAY BEACH, FL 33483



DO NOT WRITE IN THIS SPACE

02262008 No Chg-LP

CR2E003 (12/06)

FILED

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

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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, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

STAPLE CHECK HERE		
	12.	GENERAL PARTNER INFORMATION
	DOCUMENT #	F99000001119
	NAME	ACCUFON CORP.
	STREET ADDRESS	1801 SOUTH FEDERAL HIGHWAY, SUITE 300
	CITY-SI-ZIP	DELRAY BEACH, FL 33483
	DOCUMENT #	
	NAME	·
	STREET ADDRESS	
	CITY-ST-7IP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CITY-51-ZIP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	,
	CITY-ST-ZIP	
	DOCUMENT /	
	NAME	

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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 a cuta this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER