

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000001423**

1. Entity Name  
**ACCURATE MANAGEMENT, LTD.**



Principal Place of Business  
**1801 SOUTH FEDERAL HIGHWAY, SUITE 300  
DELRAY BEACH, FL 33483**

Mailing Address  
**1801 SOUTH FEDERAL HIGHWAY, SUITE 300  
DELRAY BEACH, FL 33483**



02262008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0456529</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 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.**

**12. GENERAL PARTNER INFORMATION**

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

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000978628  
04/14/08-80062-009 500.00

**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 #

3/31/08 561-272-5267

STAPLE CHECK HERE