

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008976

FILED
Mar 10, 2004
Secretary of State

Entity Name: ACCUFORM INVESTMENTS, LLC

Current Principal Place of Business:

16228 FLIGHT PATN DR
BROOKSVILLE, FL 346046875

New Principal Place of Business:

16228 FLIGHT PATH DR
BROOKSVILLE, FL 346046875

Current Mailing Address:

16228 FLIGHT PATN DR
BROOKSVILLE, FL 346046875

New Mailing Address:

16228 FLIGHT PATH DR
BROOKSVILLE, FL 346046875

FEI Number: 02-0583240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WAYNE D
16228 FLIGLET PATN DR
BROOKSVILLE, FL 346046875

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JOHNSON, WAYNE
Address: 16228 FLIGLET PATN DR
City-St-Zip: BROOKSVILLE, FL 346046875

Title: MGR () Delete
Name: JOHNSON, DAVE
Address: 16228 FLIGLET PATN DR
City-St-Zip: BROOKSVILLE, FL 346046875

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, WAYNE
Address: 16228 FLIGLET PATH DR
City-St-Zip: BROOKSVILLE, FL 346046875

Title: MGR (X) Change () Addition
Name: JOHNSON, DAVE
Address: 16228 FLIGLET PATH DR
City-St-Zip: BROOKSVILLE, FL 346046875

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: DAVE JOHNSON

MGR

03/10/2004

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