2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# L02000029511

Entity Name: ACCURATE HOLDINGS, LLC

Current Principal Place of Business:

ROUTE 11 BOX 36202, PINEMOUNT ROAD
LAKE CITY, FL 32024

New Principal Place of Business:

273 SW MORRELLS COURT
SUITE 102
LAKE CITY, FL 32024

Current Mailing Address:

ROUTE 11 BOX 36202, PINEMOUNT ROAD
LAKE CITY, FL 32024

New Mailing Address:

273 SW MORRELLS COURT
LAKE CITY, FL 32024

FEI Number: 71-0912510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWEN, LAWRENCE D
ROUTE 11 BOX 36202, PINEMOUNT ROAD
LAKE CITY, FL 32024

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: TRP ( ) Delete
Name: KOTTYAN, NICHOLAS
Address: RT. 11 BOX 36202
City-St-Zip: LAKE CITY, FL 32024

Title: TRP ( ) Delete
Name: BOWEN, LAWRENCE
Address: RT. 11 BOX 36202
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KOTTYAN, NICHOLAS
Address: 273 SW MORRELLS CT
City-St-Zip: LAKE CITY, FL 32024

Title: MGR (X) Change ( ) Addition
Name: BOWEN, LAWRENCE
Address: 273 SW MORRELLS CT
City-St-Zip: LAKE CITY, FL 32024

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: LAWRENCE D. BOWEN MGR 02/10/2004

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