

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029511

Entity Name: ACCURATE HOLDINGS, LLC

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

273 SW MORRELLS COURT  
SUITE 102  
LAKE CITY, FL 32024

## New Principal Place of Business:

## Current Mailing Address:

273 SW MORRELLS COURT  
LAKE CITY, FL 32024

## New Mailing Address:

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 US

## Name and Address of New Registered Agent:

BOWEN, LAWRENCE D  
273 SW MORRELLS COURT  
SUITE 102  
LAKE CITY, FL 32024 US

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: LAWRENCE D BOWEN

04/26/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

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

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

## ADDITIONS/CHANGES:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 BOWEN

MGR

04/26/2005

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