

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052416

FILED
Feb 01, 2006
Secretary of State

Entity Name: ACCURATE CONSTRUCTION SERVICES, L.L.C

Current Principal Place of Business:

515 N.E. 6TH STREET
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

515 N.E. 6TH STREET
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 11-3713272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAXLEY, MILTON H II
1929 N.W. 12TH TERRACE
GAINESVILLE, FL 32609 US

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/MANAGERS:

Title: MGRM () Delete
Name: VARNER, DANIEL G
Address: 515 NE 6TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: MGRM () Delete
Name: DAVIS, JOHN L
Address: 515 NE 6TH ST
City-St-Zip: HIGH SPRINGS, FL 32643

Title: MGRM () Delete
Name: DAVIS, JOHN T
Address: 515 NE 6TH ST
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, RANDOLPH W
Address: 515 NE 6TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

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

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 Chapter 119, 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: JOHN L DAVIS

MGR

02/01/2006

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