

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052416

FILED  
Jan 06, 2008  
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: WILLIAMS, RANDOLPH W  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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

MGRM

01/06/2008

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