

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90040 008 ***150.00

DOCUMENT # L05000016422					
1. Entity Name ACCURATE SEPTIC HOLDINGS, LLC					
Principal Place of Business 800 SW BARRELL AVENUE FORT PIERCE, FL 34982			Mailing Address 800 SW BARRELL AVENUE FORT PIERCE, FL 34982		
2. Principal Place of Business - No P.O. Box # 4120 SEVILLE RD Suite, Apt. #, etc.		3. Mailing Address 4120 SEVILLE RD Suite, Apt. #, etc.			
City & State Fort Pierce FL		City & State Fort Pierce FL		4. FEI Number 20-3094573	
Zip 34981		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITESIDE, DAVID 800 SW BARRELL AVENUE FORT PIERCE, FL 34982				7. Name and Address of New Registered Agent Name: DAVID E WHITESIDE Street Address (P.O. Box Number is Not Acceptable): 4120 SEVILLE ROAD City: Fort Pierce FL Zip Code: 34981	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>David E Whiteside</u> DAVID E WHITESIDE DATE: <u>4-16-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME BAKER, JOHN STREET ADDRESS 800 SW BARRELL AVENUE CITY-ST-ZIP FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE MGRM NAME John L BAKER STREET ADDRESS 4120 SEVILLE RD CITY-ST-ZIP Fort Pierce FL 34981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME BAKER, DONNA STREET ADDRESS 800 SW BARRELL AVENUE CITY-ST-ZIP FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE MGRM NAME DONNA BAKER STREET ADDRESS 4120 SEVILLE RD CITY-ST-ZIP FORT PIERCE FL 34981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME WHITESIDE, DAVID STREET ADDRESS 800 SW BARRELL AVENUE CITY-ST-ZIP FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE MGRM NAME David E Whiteside STREET ADDRESS 4120 SEVILLE RD CITY-ST-ZIP Fort Pierce FL 34981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME WHITESIDE, STEPHANIE STREET ADDRESS 800 SW BARRELL AVENUE CITY-ST-ZIP FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE MGRM NAME Stephanie R Whiteside STREET ADDRESS 4120 SEVILLE RD CITY-ST-ZIP Fort Pierce FL 34981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>David E Whiteside</u> DAVID E WHITESIDE			771-488-4411 4-16-07		