


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90092 003 ****50.00

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| DOCUMENT # L05000032586 | |  |
| 1. Entity Name ACCUTRUE ENTERPRISES LLC | | |

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|---|--|
| Principal Place of Business 3293 HIGHWAY 19 NORTH GREEN COVE SPRINGS, FL 32043 | Mailing Address 2152 FOXWOOD DRIVE ORANGE PARK, FL 32073 |
|---|--|

20004430



| | | | |
|---|------------------------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. 3293 US HWY 17 | | Suite, Apt. #, etc. | |
| City & State GREEN COVE SPRINGS, FL | | City & State | |
| Zip 32043 | Country U.S. | Zip | Country |

01182006 Chg-LLC CR2E083 (11/05)

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|------------------------------------|--|
| 4. FEI Number 52-2456117 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ROSENBARKER, MICHAEL K 3293 HIGHWAY 19 NORTH 3293 US HWY 17 GREEN COVE SPRINGS, FL 32043 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) 3293 US HWY 17 | |
| | | City | |
| | | FL Zip Code | |

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 MICHAEL K. ROSENBARKER, m.m. *Michael K. Rosenbarker* 01/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROSENBARKER, MICHAEL K 3293 HIGHWAY 19 NORTH US HWY 17 GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3293 US HWY 17 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROSENBARKER, KIMBERLY A 3293 HIGHWAY 19 NORTH US HWY 17 GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3293 US HWY 17 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: MICHAEL K. ROSENBARKER, m.m. *Michael K. Rosenbarker* 01-30-06 904-284-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #