01-22-2008 90122 029 ***138.75
L07000003422

FILED

08 FEB 12 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000003422

1. Entity Name
ACCURATE MACHINE & TOOL, LLC

Principal Place of Business	Mailing Address
5124 TRADEMARK DRIVE RALEIGH, NC 27610	5124 TRADEMARK DRIVE RALEIGH, NC 27610

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2525 Ponce de Leon Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1080	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip 33134	Country USA

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8200045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete SUNBELT DIVERSIFIED ENTERPRISES, LLC 1221 BRICKELL AVENUE, SUITE 2660 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☒ Change ☐ Addition SUNBELT DIVERSIFIED ENTERPRISES, LLC 2525 Ponce de Leon Blvd, Suite 1080 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] CFO-SUNBELT DIVERSIFIED ENTERPRISES LLC 1/17/08 (786)363-5081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #