

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000034370 1. Entity Name FUSION PROPERTIES, LLC	
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Principal Place of Business 884 POINTE SEASIDE DRIVE CRYSTAL BEACH, FL 34681	Mailing Address PO BOX 1067 CRYSTAL BEACH, FL 34681
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DO NOT WRITE IN THIS SPACE



04302005 No Chg-LLC CR2E083 (10/03)

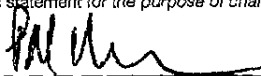
4. FEI Number 56-2309831	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent

MASER, PATRICIA M
884 POINTE SEASIDE DRIVE
CRYSTAL BEACH, FL 34681

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 4.30.05

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

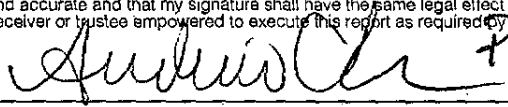
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MASER, ANDREW 884 POINTE SEASIDE DRIVE CRYSTAL BEACH, FL 34681
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05/04/05-80133-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 4.30.05 727 701 6984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE