2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000034370

1. Entity Name
FUSION PROPERTIES, LLC

Principal Place of Business	Mailing Address
884 POINTE SEASIDE DRIVE CRYSTAL BEACH, FL 34681	PO BOX 1067 CRYSTAL BEACH, FL 34681

04302005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2309831
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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: PM Maser 4.30.05
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MASER, ANDREW
STREET ADDRESS	884 POINTE SEASIDE DRIVE
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	
NAME	
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CITY-ST-ZIP	

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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)(i), 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: Andrew Maser 4.30.05 727 781 6984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #