

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046679

Entity Name: FULLER PROPERTIES, LLC

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

9242 OLMSTEAD DR.
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

9242 OLMSTEAD DR.
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-0420121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNEIRSON, GREGG A
9242 OLMSTEAD DR.
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SNEIRSON, GREGG
Address: 9242 OLMSTEAD DR
City-St-Zip: LAKE WORTH, FL 33462

Title: P () Delete
Name: SNEIRSON, GREGG
Address: 9242 OLMSTEAD DR
City-St-Zip: LAKE WORTH, FL 33462

Title: S () Delete
Name: SNEIRSON, GREGG
Address: 9242 OLMSTEAD DR
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SNEIRSON, GREGG
Address: 9242 OLMSTEAD DR
City-St-Zip: LAKE WORTH, FL 33462

Title: MGRM (X) Change () Addition
Name: SNEIRSON, GREGG
Address: 9242 OLMSTEAD DR
City-St-Zip: LAKE WORTH, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GREGG A. SNEIRSON

MGRM

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date