

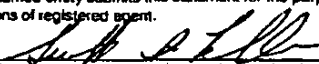
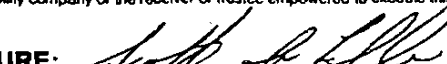


**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

30002724

<b>DOCUMENT # L05000045584</b>				<b>Secretary of State</b>	
1. Entity Name <b>FULLER INVESTMENTS LLC</b>				02-15-2006 90131 043 ****50.00	
Principal Place of Business <b>1724 S.W. 20TH TERR. CAPE CORAL, FL 33991</b>		Mailing Address <b>1724 S.W. 20TH TERR. CAPE CORAL, FL 33991</b>		<b>30002724</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272008 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MASSIE, CHARLES A 12065 METRO PARKWAY SUITE 103 FT. MYERS, FL 33912</b>				Name <b>Scott A. Fuller</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>1724 SW 20TH Terr</b>	
				City <b>Cape Coral</b>	Zip Code <b>FL 33991</b>
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 <b>2-8-06</b>					
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 <b>Manager</b> <input type="checkbox"/> Delete NAME <b>Scott A. Fuller</b> STREET ADDRESS <b>1724 SW 20TH Terr</b> CITY-ST-ZIP <b>Cape Coral FL 33991</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>Manager</b> <input type="checkbox"/> Delete NAME <b>Deborah L. Fuller</b> STREET ADDRESS <b>1724 SW 20TH Terr</b> CITY-ST-ZIP <b>Cape Coral FL 33991</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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  DATE <b>2-8-06</b>					



ATTACHMENT

30802724

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

FULLER INVESTMENTS LLC  
1724 S.W. 20TH TERR.  
CAPE CORAL, FL 33991

Subject: **FULLER INVESTMENTS LLC**

Reference Number: **L05000045584**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms

ANNUAL REPORTS SECTION