2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 15, 2006 8:00 am Secretary of State DOCUMENT # L05000077919 1. Entity Name 04-24-2006 90066 036 ****55.00 FUSION RESTAURANTS L.L.C. Principal Place of Business Mailing Address 3802 SW RIDLEY ST PORT ST. LUCIE FL 34953 US 3802 SW RIDLEY ST PORT ST. LUCIE FL 34953 36908447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For 4. FELNumber City & State Not Applicable Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIVERA, DAVID S Street Address (P.O. Box Number is Not Acceptable) 3802 SW RIDLEY ST... PORT ST LUCIE FL:34953 City 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, typosis or prised name of registeren inpent and tide it applicable (NOTE Registered Agent signsture required when re-FILE NOW!!! FEE IS \$50.00 ; ; Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change TITLE TITLE CEO ☐ Delete Addition NAME NAME RIVERA, DAVID S STREET ADDRESS STREET ADDRESS 3802 SW RIDLEY ST CITY - ST - 71P CITY-ST-71P PORT ST. LUCIE FL 34953 Oelete TIFLE ☐ Change Addition TITLE NAME MALET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITTE ☐ Dalete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ■ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY+S1+7iP Oelele MLE ☐ Change ☐ Addition TUTLE NAME HANG STREET ADDRESS STREET ADDRESS CITY-ST-7IP DITY-ST-78P 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Soction 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: LIGHTURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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