


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90037 050 ****50.00

| | |
|-----------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L05000087310 |  |
| 1. Entity Name AUTOFUSION, LLC | |

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|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business 1337 VISTA DRIVE SARASOTA FL 34239 | Mailing Address 1337 VISTA DRIVE SARASOTA FL 34239 |
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|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

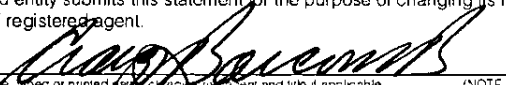
1st MOORE CR2E083 (10/06)

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|-----------------------------|--------------------------------------------------------|
| 4. FEI Number 20-3817119 | Applied For <input type="checkbox"/> Not Applicable |
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|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

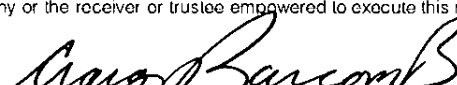
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| 6. Name and Address of Current Registered Agent BENJAMIN, ROBERT W 200 S. ORANGE AVENUE SARASOTA FL 34236 |
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|------------------------------------------------------------------------|----------------------|
| 7. Name and Address of New Registered Agent | |
| Name Craig L. Barcomb | |
| Street Address (P.O. Box Number is Not Acceptable) 1337 Vista Drive | |
| City Sarasota | FL Zip Code 34239 |

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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  | DATE 4-4-07 |

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRES BARCOMB, CRAIG L PRES 1337 VISTA DR SARASOTA FL 34239 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 4/4/07 DAYTIME PHONE: 941-362-4592 |