2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091164

Entity Name: FUSION SYSTEMS LLC

FILED Apr 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1060 WEST STATE ROAD 434 1060 WEST STATE ROAD 434 LONGWOOD, FL 32750

SUITE 160

LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

1060 WEST STATE ROAD 434 1060 WEST STATE ROAD 434

LONGWOOD, FL 32750 SUITE 160

LONGWOOD, FL 32750 US

ADDITIONS/CHANGES:

KHIMJI, AZRA

KHIMJI, SAJJAD

MGR

1060 WEST STATE ROAD 434

1060 WEST STATE ROAD 434

LONGWOOD, FL 32750 US

LONGWOOD, FL 32750 US

(X) Change () Addition

(X) Change () Addition

Title:

Title:

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

Name:

Address:

City-St-Zip:

FEI Number: 20-3490688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANEKIA, ALIRAZA KHIMJI, AZRA 4989 SHORELINE CIRCLE 865 SHELL LANE

LAKE FOREST, FL 32771 US LONGWOOD, FL 32750 US

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: AZRA KHIMJI 04/07/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR () Delete MANEKIA, ALIRAZA Name:

P.O. BOX 471476 Address: City-St-Zip: LAKE MONROE, FL 32747 US

Title: MGR () Delete Name: KHIMJI, SAJJAD

Address: P.O. BOX 471476

City-St-Zip: LAKE MONROE, FL 32747 US

Title: MGR (X) Delete Title: () Change () Addition Name:

MANEKIA, MOHAMEDRAZA Name: Address: P.O. BOX 471476

City-St-Zip: LAKE MONROE, FL 32747 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: AZRA KHIMJI 04/07/2006