2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000008145

1. Entity Name
FENSTER GROUP, LLC

Principal Place of Business	Mailing Address
9041 N. LAKE DASHA DRIVE PLANTATION, FL 33324	9041 N. LAKE DASHA DRIVE PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

04152006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0684565
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FENSTER, SANFORD
9041 N. LAKE DASHA DRIVE
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FENSTER, SANFORD
STREET ADDRESS	9041 N. LAKE DASHA DRIVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGRM
NAME	FENSTER, DARLEEN
STREET ADDRESS	9041 N. LAKE DASHA DRIVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000519948
05/02/06-80074-025 50.00

DO NOT WRITE IN THIS SPACE

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 605, Florida Statutes.

SIGNATURE: Darleen Fenster DARLEEN FENSTER 4/15/06 954 472-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #