

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032866

Entity Name: GM AMERICA, LLC

FILED
Mar 28, 2008
Secretary of State

Current Principal Place of Business:

2601 SOUTH BAYSHORE DRIVE
SUITE 600
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2601 SOUTH BAYSHORE DRIVE
SUITE 600
MIAMI, FL 33133

New Mailing Address:

FEI Number: 26-2177614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RGPA REGISTERED AGENT CORP.
2601 SOUTH BAYSHORE DRIVE
SUITE 600
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GM & PARTNERS S.R.L.,
Address: 2601 SOUTH BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: SANDRETTO, GIANCARLO
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: CHIATTONE, MAURO
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GIANCARLO SANDRETTO

MGRM

03/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date