

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002323

Entity Name: FENESTRA AMERICA, L.L.C.

FILED
May 17, 2007
Secretary of State

Current Principal Place of Business:

5300 KINGS HIGHWAY
BROOKLYN, NY 11234

New Principal Place of Business:

Current Mailing Address:

5300 KINGS HWY
BROOKLYN, NY 11234

New Mailing Address:

FEI Number: 11-3626254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZELUCK, ROY
SPACE 202 PHIPPS PLAZA
PALM BEACH, FL 33480 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZELUCK, ROY
Address: 5300 KINGS HWY
City-St-Zip: BROOKLYN, NY 11234

Title: MGRM () Delete
Name: ZELUCK, KEVIN
Address: 5300 KINGS HWY
City-St-Zip: BROOKLYN, NY 11234

Title: MGR () Delete
Name: SZTUK, JAMES
Address: SPACE 202 PHIPPS PLAZA
City-St-Zip: PALM BEACH, FL 33480

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: ZELUCK, ROY

MGRM

05/17/2007

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