2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

2.

FILED
Mar 17, 2005 8:00 am
Secretary of State
02-24-2005 90107 006 ****50.00

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02182005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000015074

1. Entity Name
SIMON WARREN ENTERPRISES, LLC

Principal Place of Business	Mailing Address
10153 BOCA VISTA DR. BOCA RATON, FL 33498 US	10153 BOCA VISTA DR. BOCA RATON, FL 33498 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 5830 NW 42ND TERRACE		Suite, Apt. #, etc. 5830 NW 42ND TERRACE	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33496	Country US	Zip 33496	Country US

4. FEI Number 20-1348808 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARREN, SIMON C 10153 BOCA VISTA DR BOCA RATON, FL 33498	Name: WARREN SIMON C Street Address (P.O. Box Number is Not Acceptable): 5830 NW 42ND TERRACE City: BOCA RATON FL Zip Code: 33496

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 [signature] 2-18-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, SIMON 92 BRACKLEY SQUARE WOODFORD GREEN, ESSEX, UK IG8 7LS	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN SIMON 5830 NW 42ND TERRACE BOCA RATON FL 33496	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 2-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #