2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9800001158 1. Entity Name WARREN STABLES LLC AUG -6 AH 8:47 Principal Place of Business Mailing Address C/O WARREN INTERNATIONAL CORP. SECRETARY OF STATE C/O WARREN INTERNATIONAL CORP. 303 EAST 51ST STREET 303 EAST 51ST STREET TALLAHASSEE, FLORIDA NEW YORK NY 10022 NEW YORK NY 10022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2414549 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 777 S. FLAGLER DR., STE 500, EAST TOWER WEST PALM BEACH FL 33401 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 2000004524202---9 Make Check Payable to Department of State -08/08/01--01049--011 Due By September 26, 2001 *****50 00 9. MANAGING MEMBERS/MANAGERS 10. **MGRM** ☐ Delete TITI F Change Addition NAME WARREN, ROBERT M NAME STREET ADDRESS STREET ADDRESS 303 EAST 51ST STREET CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10022** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS C)TY-ST-ZIP CITY-ST-7IP 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:

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