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FILED
May 01, 2002 8:00 am
Secretary of State
04-03-2002 90019 014 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001158

1. Entity Name
WARREN STABLES LLC

Principal Place of Business	Mailing Address
C/O WARREN INTERNATIONAL CORP. 303 EAST 51ST STREET NEW YORK NY 10022	C/O WARREN INTERNATIONAL CORP. 303 EAST 51ST STREET NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
219 Royal Poinciana Way	219 Royal Poinciana Way
Suite, Apt. # etc. Suite 10	Suite, Apt. #, etc. Suite 10
City & State Palm Beach FL	City & State Palm Beach FL
Zip 33480 Country USA	Zip 33480 Country USA

4. FEI Number 58-2414549 ☐ 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
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DR., STE 500, EAST TOWER WEST PALM BEACH FL 33401	Name Ana I Blanchard Street Address (P.O. Box Number is Not Acceptable) 219 Royal Poinciana Way Suite 10 City Palm Beach FL Zip Code 33480

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 X Ana I Blanchard CFO — 3/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ PRESIDENT WARREN, ROBERT M 303 EAST 51ST STREET NEW YORK NY 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer ANA I BLANCHARD 219 Royal Poinciana Way Palm Beach, FL 33480	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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: Ana I Blanchard SIGNATURE REQUIRED — 3/25/02 — 561-832-1852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #