4/

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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

DO NOT WRITE IN THIS SPACE

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

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