


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # L98000001158</b>					
<b>1. Entity Name</b> <b>WARREN STABLES LLC</b>					
<b>Principal Place of Business</b> 219 ROYAL POINCIANA WAY SUITE 10 PALM BEACH FL 33480			<b>Mailing Address</b> 219 ROYAL POINCIANA WAY SUITE 10 PALM BEACH FL 33480		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> <b>58-2414549</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <del>BLANCHARD, ANA I</del> 219 ROYAL POINCIANA WAY SUITE 10 PALM BEACH FL 33480				<b>7. Name and Address of New Registered Agent</b> Name <b>GENE TALERICO</b> Street Address (P.O. Box Number is Not Applicable) <b>219 ROYAL POINCIANA WAY</b> <b>SUITE 10</b> City <b>PALM BEACH</b> <b>FL</b> <b>33480</b>	
<b>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.</b> SIGNATURE <u>GENE TALERICO, CEO</u> <i>Gene Talerico, CEO</i> <b>9/23/03</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 24, 2003</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>WARREN, ROBERT M</b> <b>303 EAST 51ST STREET</b> <b>NEW YORK NY 10022</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>BLANCHARD, ANA I</b> <b>219 ROYAL POINCIANA WAY</b> <b>PALM BEACH FL 33480</b>	<input checked="" type="checkbox"/> Delete	<b>T</b> <b>TALERICO, EUGENE F</b> <b>219 ROYAL POINCIANA WAY, SUITE 10</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>400023450784</b> <b>09/30/03--01084--007 **50.00</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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**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:** Eugene F. Talerico, CEO **EUGENE F. TALERICO** **9/23/03** **561-832-1852**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #