2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000219

1. Entity Name
WARREN DISTRIBUTORS, LLC

Principal Place of Business	Mailing Address
219 ROYAL POINCEANA WAY SUITE 10 PALM BEACH, FL 33480	219 ROYAL POINCEANA WAY SUITE 10 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

04072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2211609
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TALERICO, GENE
219 ROYAL POINCEANA WAY
STE 10
PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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: Gene Talerico GENE TALERICO 4/14/04
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, 2004

U00000117940
-04/19/04-81040-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	CFO
NAME	TALERICO, EUGENE F
STREET ADDRESS	219 ROYAL POINCEANA WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, CFO EUGENE F. TALERICO 4/14/04 212-752-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #