2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/6/2005-90559-034-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 28 AM 8:20

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

04192005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		701 Northpoint Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 220	
City & State		City & State West Palm Beach F	
Zip	Country	Zip 33407	Country

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	7. Name and Address of New Registered Agent
TALERICO, GENE 219 ROYAL POINCEANA WAY STE 10 PALM BEACH, FL 33480	Name Robert Warren Street Address (P.O. Box Number is Not Acceptable) 701 Northpoint Pkwy, Suite 220 City West Palm Beach FL Zip Code 33407

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TALERICO, EUGENE F 219 ROYAL POINCEANA WAY PALM BEACH, FL 33480	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Warren 300 Park Avenue New York, NY 10022	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #