

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

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03-29-2007 90179 043 \*\*\*\*50.00

<b>DOCUMENT # M00000000219</b> 1. Entity Name <b>WARREN DISTRIBUTORS, LLC</b>			
Principal Place of Business <b>701 NORTHPOINT PKWY SUITE 220 WEST PALM BEACH, FL 33407</b>		Mailing Address <b>701 NORTHPOINT PKWY SUITE 220 WEST PALM BEACH, FL 33407</b>	
2. Principal Place of Business - No P.O. Box # <b>9040 Town Center Pkwy</b> Suite, Apt. #, etc. <b>104</b> City & State <b>Bradenton, FL</b> Zip <b>34202</b> Country <b>US</b>		3. Mailing Address <b>9040 Town Center Pkwy</b> Suite, Apt. #, etc. <b>104</b> City & State <b>Bradenton, FL</b> Zip <b>34202</b> Country <b>US</b>	
4. FEI Number <b>52-2211609</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARREN, ROBERT</b> <b>701 NORTHPOINT PKWY</b> <b>SUITE 220</b> <b>WEST PALM BEACH, FL 33407</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <b>3/19/07</b> <small>(Signature of person in printed name of registered agent and fee is applicable) (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFO</b> <b>WARREN, ROBERT</b> <b>701 NORTHPOINT PKWY.</b> <b>WEST PALM BEACH, FL 33407</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Member, CEO</b> <b>Warren, Robert</b> <b>9040 Town Center Pkwy, Ste 104</b> <b>Bradenton, FL 34207</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		Date: <b>3/19/07</b> Daytime Phone #	