

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002875

Entity Name: WARRIOR PRODUCTS, LLC

**FILED**  
**Jan 07, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2875 SOUTH OCEAN BLVD., STE 200  
PALM BEACH, FL 33480

**New Principal Place of Business:**

3390 SOUTH OCEAN BLVD  
506  
PALM BEACH, FL 33480

**Current Mailing Address:**

2875 SOUTH OCEAN BLVD., STE 200  
PALM BEACH, FL 33480

**New Mailing Address:**

3390 SOUTH OCEAN BLVD  
506  
PALM BEACH, FL 33480

FEI Number: 63-1243498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLAVANS, DANIEL J  
2875 SOUTH OCEAN BLVD., STE 200  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

KLAVANS, DANIEL J  
3390 SOUTH OCEAN BLVD  
506  
PALM BEACH, FL 33480 US

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: DANIEL J KLAVANS

01/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WARRIOR PRODUCTS MAN, AGEMENT INC  
Address: 2875 SOUTH OCEAN BLVD., STE 200  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WARRIOR PRODUCTS MAN, AGEMENT INC  
Address: 3390 SOUTH OCEAN BLVD  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL J. KLAVANS

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01/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date