

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90559 033 ****50.00

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DOCUMENT # M04000005524 1. Entity Name WARREN INTERNATIONAL, LLC					
Principal Place of Business 219 ROYAL POINCIANA WAY, SUITE 10 PALM BEACH, FL 33480			Mailing Address 219 ROYAL POINCIANA WAY, SUITE 10 PALM BEACH, FL 33480		
2. Principal Place of Business 701 Northpoint Pkwy Suite, Apt. #, etc. 220 City & State West Palm Beach, FL Zip 33407		3. Mailing Address 701 Northpoint Pkwy Suite, Apt. #, etc. 220 City & State West Palm Beach, FL Zip 33407		04192005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-2010031				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WARREN, ROBERT 219 ROYAL POINCIANA WAY, SUITE 10 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name Warren, Robert 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	MGR WARREN, ROBERT 219 ROYAL POINCIANA WAY, SUITE 10 PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Warren, Robert 701 Northpoint Pkwy West Palm Beach, FL 33407
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date _____ Daytime Phone # _____	