

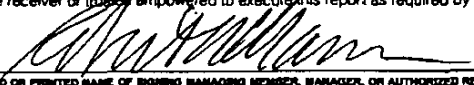


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-30-2007 90039 041 ****50.00

DOCUMENT # M04000005524			
1. Entity Name WARREN INTERNATIONAL, LLC			
Principal Place of Business 701 NORTHPOINT PKWY 220 WEST PALM BEACH, FL 33407		Mailing Address 701 NORTHPOINT PKWY 220 WEST PALM BEACH, FL 33407	
2. Principal Place of Business - No P.O. Box # 9040 Town Center Pkwy Suite, Apt. #, etc. 104		3. Mailing Address 9040 Town Center Pkwy Suite, Apt. #, etc. 104	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34202		Country US	
4. FEI Number 20-2010031		Applied For 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 701 NORTHPOINT PKWY SUITE 220 WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 person. SIGNATURE  DATE 3/19/07 <small>(NOTE: Registered Agent signature required when renaming)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		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 701 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member CEO Warren, Robert 9040 Town Center Pkwy Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 3/19/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			