

**File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**98 MAR -9 PM 1:41**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company  LOST CLASSICS BOOK COMPANY L.C. P.O. BOX 3429 LAKE WALES FL 33859-3429	<b>DOCUMENT #</b> L96000001044
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1a. Principal Place of Business Address  C/O GEORGE D. O'NEILL, JR. MOUNTAIN LAKE LAKE WALES FL 33859	093/10
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2. Principal Place of Business 254 E. Stuart Ave # Suite, Apt. #, etc. # 205 City & State Lake Wales, FL Zip 33853 County USA	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	3. Date Organized or Qualified 10/02/1996	3a. State of Formation FL	4. FEI Number 59-3404020	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 05/01/1997		6. Certificate of Status Desired <input type="checkbox"/> SB 78 Additional Fee Required			

7. Name and Address of Current Registered Agent  ROSENBERG, DONALD S ONE SE THIRD AVENUE SUITE 2600 MIAMI FL 33131	8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) 200002453792--8 Suite, Apt. #, etc. -05/11/98-01048-015 ***188.75 ***188.75 City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	O'NEILL, GEORGE D JR	MOUNTAIN LAKE	LAKE WALES FL
MEM	O'NEILL, GEORGE D	30 ROCKEFELLER PLAZA RM. 5	NEW YORK NY

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** S. Mortham 3-4-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #