_	and File	e on or before Se I be dissolved.	pt. 29, 199	99 or Limitęsi Liat	oility Company			10	
LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of Sta Division of Corpor						FILED 6/3/ 99 AUG 31 AM 10: 34			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF STATE TALLAHASSEE FLORIDA			
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L9600001044								• • • • • • • • • • • • • • • • • • • •	
LOST CLASSICS BOOK COMPANY L.C. P.O. BOX 3429 LAKE WALES FL 33859-3429						1a. Principal Place of Business Address 254 E. STUART AVE. #205 LAKE WALES FL 33853			
2 Principal Place of Business 2a. Mailir				ng Address		3. Date Organize	d or Qualified	3s. State of Formation	\dashv
Suite, Apt. #, etc. Suite, Ap				t. #, etc.		10/02/1996 4. FEI Number		FL	
City & State City & Sta				ate		59-3404020		Applied F	
Z _(P) Country Z _(P)			Country		5. Date of Last Report		6. Certificate of Status De	/	
	7 Name an	d Address of Curren	Registered	03/09/				Se / Additional by Report	
. Idalia di Predice di Salamana di Salaman					Name				一
ROSENBERG, DONALD S ONE SE THIRD AVENUE SUITE 3050 MIAMI FL 33131					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.				
					****597_50 *****597_ City Zip Code				(.50
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	Manag	ing Members/Manage		Business Street Address			City, State and Zip Code		
мем	O'NEILL, GEORGE D JR MOUNTAIN			LAKE		LAKE V	WALES FL		
MEM	O'NEILI	GEORGE)	30 ROCKEF	ELLER PL	AZA RM. 5	NEW YO	ORK NY	
•									

11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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.

141 646 1920 Daylime Phone #

SIGNAME AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: