

2<sup>nd</sup> and **FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED** *WR 8/31*  
99 AUG 31 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE \$ 588.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L96000001044**  
  
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  
Suite, Apt. #, etc.  
City & State  
Zip Country

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**

Applied For  
 Not Applicable

5. Date of Last Report  
**03/09/1998**

6. Certificate of Status Desired  
 See 22A.105 and Fee Required

7. Name and Address of Current Registered Agent  
  
ROSENBERG, DONALD S  
ONE SE THIRD AVENUE  
SUITE 3050  
MIAMI FL 33131

8. Name and Address of New Registered Agent/Office  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**500002977595--9**  
Suite, Apt. #, etc.  
**09/02/99 01097-002**  
**\*\*\*597.50 \*\*\*597.50**  
City  
**FL** Zip Code

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. Harris* *George D. O'Neill Jr* 8-17-99 141 626 1920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #