


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000001044
 1. Entity Name
 LOST CLASSICS BOOK COMPANY L.C.



Principal Place of Business: 254 E. STUART AVE, LAKE WALES, FL 33853
 Mailing Address: P.O. BOX 3429, LAKE WALES, FL 33859-3429

DO NOT WRITE IN THIS SPACE



07192004 No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 59-3404020 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

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

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS O'NEILL, GEORGE D JR MOUNTAIN LAKE LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM O'NEILL, GEORGE D 30 ROCKEFELLER PLAZA RM. 5432 NEW YORK, NY 10112
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *George D. O'Neill Jr* **George D. O'Neill Jr** *President* **8-6-2004** **863 676-2992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #