2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 JUL 25 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001956

1. Entity Name
BOOK TRADERS, LLC

Principal Place of Business	Mailing Address
700 SARASOTA QUAY SARASOTA FL 34241	700 SARASOTA QUAY SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2053 Harbour Links Dr	2053 Harbour Links Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longboat Key, FL	City & State: Longboat Key, FL
Zip: 34228 Country: USA	Zip: 34228 Country: USA

4. FEI Number 65-0866679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PFLUNGER, J. GEOFFREY 2033 MAIN STREET, SUITE 101 SARASOTA FL 34237	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.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZIVITZ, ROBERT 7734 SILVER BELL DRIVE, SUITE 101 SARASOTA FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2053 Harbour Links Dr Longboat Key, FL 34228
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZIVITZ, NANCY S 7734 SILVER BELL DRIVE, SUITE 101 SARASOTA FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2053 Harbour Links Dr Longboat Key, FL 34228
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300033431 53--4 -08/02/00--01009--018 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (5/00)

11. I 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 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: SIGNATURE REQUIRED 7/11/00 941-3877547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

Nancy S. Zivitz