


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # LQ2000003772</b>		
1. Entity Name <b>ONCE AND AGAIN BOOKSTORE, LLC</b>		
Principal Place of Business <b>3096 LAKE WASHINGTON ROAD MELBOURNE, FL 32934</b>	Mailing Address <b>3096 LAKE WASHINGTON ROAD MELBOURNE, FL 32934</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LORTZ, MARIANNE K 2234 WOODLAWN CIRCLE MELBOURNE, FL 32934</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registrant or agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LORTZ, MARIANNE K 2334 WOODLAWN CR. MELBOURNE, FL 32934</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.  <b>SIGNATURE: <i>Marianne K. Lortz</i></b> <b>3/14/05</b> <b>(321) 751-0369</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



02162005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>02-0560973</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

000000266016  
03/17/05-80013-008 50.00