

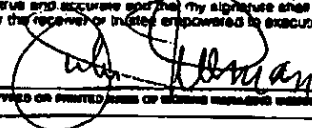
FILED

Jun 07, 2004 8:00 am
Secretary of State

04-15-2004 90114 024 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

4/1:

DOCUMENT # L03000019208					
1. Entity Name 1000 BOOKS, LLC					
Principal Place of Business 7086 FAIRWAY BEND CIRCLE SARASOTA, FL 34243			Mailing Address 7086 FAIRWAY BEND CIRCLE SARASOTA, FL 34243		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. Name and Address of Current Registered Agent FREEMAN, PAUL H 1840 WEST 49TH STREET SUITE 410 MIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. 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, type or printed name of registered agent and the applicable fee (NOTE: Registered Agent signature required when verifying)					
Filing Fee is \$80.00 Due by May 1, 2004			Fees payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FREEMAN, JULES 7086 FAIRWAY BEND CIRCLE SARASOTA, FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: 			Date: 4/10/2004 (94)-355-6333		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					