04/13/2004 08:40 19413902397 FREEMAN

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Secretary of State
04-07-2005 90095 002 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019208

1. Entity Name
1000 BOOKS, LLC

Principal Place of Business
~~7080 FAIRWAY BEND CIRCLE~~
~~SARASOTA, FL 34243~~
10100 Cypress Cove DR #471

Mailing Address
~~7080 FAIRWAY BEND CIRCLE~~
~~SARASOTA, FL 34243~~

04122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		10100 Cypress Cove Dr	
Suite, Apt. #, etc. # 471		Suite, Apt. #, etc. # 471	
City & State Ft. Myers, Fl.		City & State Ft. Myers, FL.	
Zip 33908	Country U-SA	Zip 33908	Country USA.

4. FEI Number 11-3692250 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
FREEMAN, PAUL H
1840 WEST 49TH STREET
SUITE 410
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
Name Jules Freeman
Street Address (P.O. Box Number is Not Acceptable) 10100 Cypress Cove Drive #471
City Ft. Myers FL Zip Code 33908

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FREEMAN, JULES 10100 Cypress Cove DR. ~~7080 FAIRWAY BEND CIRCLE~~ #471 Ft. Myers, FL ~~SARASOTA, FL 34243~~ 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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] Jules Freeman 4/10/2005 (239)-415-4659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #