2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 08, 2006 8:00 am
Secretary of State

02-20-2006 90140 043 ****50.00

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02102006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
1000 BOOKS, LLC

Principal Place of Business	Mailing Address
10100 CYPRESS COVE DRIVE SUITE 471 FORT MYERS, FL 33908 US	10100 CYPRESS COVE DRIVE SUITE 471 FORT MYERS, FL 33908 US

2. Principal Place of Business	3. Mailing Address
6513 Crown Colony Pl.	6513 Crown Colony Pl.
Suite, Apt. #, etc.: Unit # 102	Suite, Apt. #, etc.: Unit # 102
City & State: Naples, FL	City & State: Naples, FL
Zip: 34108 Country: USA	Zip: 34108 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	7. Name and Address of New Registered Agent
FREEMAN, JULES 10100 CYPRESS COVE DRIVE SUITE 471 FORT MYERS, FL 33908	Name: Street Address (P.O. Box Number is Not Acceptable): 6513 Crown Colony Place Unit #102 City: Naples FL Zip Code: 34108

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, 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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FREEMAN, JULES	NAME	
STREET ADDRESS	10100 CYPRESS COVE DRIVE SUITE 471	STREET ADDRESS	6513 Crown Colony Pl. Unit # 102
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	Naples, FL 34108
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] - MGR. 3/2/06 (239) 591-1830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #