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Secretary of State

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

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019208

1. Entity Name
1000 BOOKS, LLC

30001948

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

02102006 Chg-LLC CR2E083 (11/05)

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

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, JULES 10100 CYPRESS COVE DRIVE SUITE 471 FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6513 Crown Colony Pl. Unit # 102 Naples, FL 34108	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: Jules Freeman - MGR. 3/2/06 (239)-591-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #