


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000056474

1. Entity Name
LANDING BOOKSTORE & NEWSSTAND, LLC



FILED
08 SEP 17 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 2 INDEPENDENT DRIVE STORE #139 JACKSONVILLE, FL 32202 US	Mailing Address 2 INDEPENDENT DRIVE STORE #139 JACKSONVILLE, FL 32202 US
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2. Principal Place of Business - No P.O. Box # <i>2 INDEPENDENT DR. #139</i> Suite, Apt. #, etc. <i>JACK, FL. 32202</i>	3. Mailing Address <i>SOME</i>
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09032008 Chg-LLC CR2E083 (12/06)

City & State <i>32202</i>	Country	Zip	Country
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4. FEI Number 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
PEASE, TINEKE A 2 INDEPENDENT DRIVE STORE#139 JACKSONVILLE, FL 32202	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

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 *N/A* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEASE, TINEKE A <input type="checkbox"/> Delete 2 INDEPENDENT DRIVE, STORE #139 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. SELLERS <input type="checkbox"/> Change <input type="checkbox"/> Addition SEP 18 2008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEASE, WILLIAM B <input type="checkbox"/> Delete 2 INDEPENDENT DRIVE, STORE #139 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500136148595 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/19/08--01040--007 **143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Date: *9/8/2008* Daytime Phone #: *904-475-0064*