
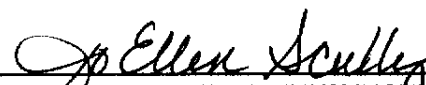


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 APR 11 PM 2:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L96000001189		
DUNN & DUNN BOOKSELLERS, L.C. C/O WOODBROOK CAPITAL, INC. 515 FAIRMOUNT AVE, STE 900 TOWSON MD 21286		1a. Principal Place of Business Address 1300 THIRD STREET SOUTH SUITE 201 NAPLES FL 34102		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified
Suite, Apt. #, etc.		P.O. Box 505		1/14/1996
City & State		NAPLES FLORIDA		3a. State of Formation FL
Zip	Country	Zip	Country	4. FEI Number 59-3426072
34106	USA			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent		
BURKE, WILLIAM M ESQ. BOND SCHOENECK AND KING, PA 1167 THIRD STREET SOUTH, STE 107 NAPLES FL 34104		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, etc.		
		City	Zip Code	
		FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGRM	LINEHAN, DARIELLE D	515 FAIRMOUNT AVE, STE 900		TOWSON MD
MGRM	SCULLY, JOELLEN D	1 CLEARWATER DRIVE		DOVER NH
300002143263--5 -04/15/97--01026--006 ****203.75 ****203.75				
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: 		April 8, 1997 941-435-1911 941-434-2584		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>		