


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS MAR 2 APR 20 AM 11:33 #13	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000000550		1a. Principal Place of Business Address	
NB ONLINE LLC C/O FLOWERS DIRECT, L.P. 5425 BEAUMONT CENTER BLVD. TAMPA FL 33634		99-AR CM		C/O FLOWERS DIRECT, L.P. 5425 BEAUMONT CENTER BLVD. TAMPA FL 33634	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/01/1998	
City & State		City & State		4. FET Number	
Zip		Country		561953967	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired	
				\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
MCCLURE, WILLIAM C/O FLOWERS DIRECT, L.P. 5425 BEAUMONT CENTER BLVD. TAMPA FL 33634				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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>(If Registered Agent Accepting Appointment) (If Not Registered Agent, a separate request will be required)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ROTHKOPF, MARC	200 PARK AVENUE		NEW YORK NY	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(g), 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 606, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 