## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M04000004928

City-St-Zip:

NEW YORK, NY 10011

Entity Name: B. DALTON BOOKSELLER, LLC

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
122 FIFTH NEW YOR	I AVENUE RK, NY 10011					
Current M	lailing Address	::	New Mailing Address:			
122 FIFTH NEW YOR	I AVENUE RK, NY 10011					
FEI Number	: 20-1821192	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
155 OFFIC SUITE A TALLAHAS	CE PLAZA DR. SSEE, FL 3230					
	e named entity si e of Florida.	ubmits this statement for the p	urpose of changing it	ts registered o	office or registered agent, or both,	
SIGNATU						
	Electroni	c Signature of Registered Age	nt		Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	CB () I RIGGIO, LEONA 122 FIFTH AVEN NEW YORK, NY	UE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VC () RIGGIO, STEPH 122 FIFTH AVEN NEW YORK, NY	UE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	COO () KLIPPER, MITCH 122 FIFTH AVEN NEW YORK, NY	UE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () MC SWEENEY, 122 FIFTH AVEN NEW YORK, NY	UE	Title: Name: Address: City-St-Zip:	MGR (X ROBINS, LAW 122 FIFTH AVE NEW YORK, N	ENUE	
Title: Name: Address:	CFO () I LOMBARDI, JOS 122 FIFTH AVEN		Title: Name: Address:	(	) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: LAWRENCE S ROBINS MGR 03/17/2009