

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90430 016 ****50.00

DOCUMENT # L01000003830



1. Entity Name
 WORLDS APART, L.L.C.

Principal Place of Business
 17 TANGLEWOOD DR
 SANTA ROSA BEACH, FL 32459

Mailing Address
 397 S. FRONT ST.
 MEMPHIS, TN 38103



2. Principal Place of Business
 17 Uptown Grayton Cir
 Suite, Apt. #, etc.
 Ste 2

3. Mailing Address
 Suite, Apt. #, etc.

02212005 Chg-LLC CR2E083 (10/03)

City & State
 Grayton Beach, FL
 Zip
 32459
 Country
 USA

City & State
 Zip
 Country

4. FEI Number
 62-1849419

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERRY, ROBERT
 17 UPTOWN GRAYTON CIRCLE, UNIT 2
 GRAYTON BEACH, FL 32459

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
 Due by May 1, 2005

Make check payable to:
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERRY, ROBERT V 5266 LEXINGTON RD MEMPHIS, TN 38120 <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	MGRM WOODSON, LUCY G 4365 W CHERRY PL MEMPHIS, TN 38117 <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	MGRM WOODSON, EDWARD 262 GILMORE RD SANTA ROSA BEACH, FL 32459 <input checked="" 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
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11. I 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 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: _____ 2/21/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #