

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90023 002 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1849419**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS |   | 10. ADDITIONS/CHANGES |   |
|------------------------------|---|-----------------------|---|
| TITLE                        | <b>MGR</b> <input type="checkbox"/> Delete  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | <b>BERRY, ROBERT V</b>                      | NAME                  |   |
| STREET ADDRESS               | <b>5266 LEXINGTON RD</b>                    | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | <b>MEMPHIS TN 38120</b>                     | CITY-ST-ZIP           |   |
| TITLE                        | <b>MGRM</b> <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | <b>WOODSON, LUCY G</b>                      | NAME                  |   |
| STREET ADDRESS               | <b>4365 W CHERRY PL</b>                     | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | <b>MEMPHIS TN 38117</b>                     | CITY-ST-ZIP           |   |
| TITLE                        | <b>MGRM</b> <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | <b>WOODSON, EDWARD</b>                      | NAME                  |   |
| STREET ADDRESS               | <b>262 GILMORE RD</b>                       | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | <b>SANTA ROSA BEACH FL 32459</b>            | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete             | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  |   |
| STREET ADDRESS               |   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete             | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  |   |
| STREET ADDRESS               |   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete             | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  |   |
| STREET ADDRESS               |   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |   |

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:** SIGNATURE R. Robert V. Berry **3/5/2003** **901-529-0844**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)