

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007828

Entity Name: JUDY'S WORLD, LLC

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

601 EAST TWIGGS STREET  
SUITE 200  
TAMPA, FL 33602

## New Principal Place of Business:

400 NORTH TAMPA STREET  
SUITE 2100  
TAMPA, FL 33602

## Current Mailing Address:

601 EAST TWIGGS STREET  
SUITE 200  
TAMPA, FL 33602

## New Mailing Address:

400 NORTH TAMPA STREET  
SUITE 2100  
TAMPA, FL 33602

FEI Number: 75-3041142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LINSKY, MICHAEL A  
601 EAST TWIGGS STREET  
SUITE 200  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

LINSKY, MICHAEL A  
400 NORTH TAMPA STREET  
SUITE 2100  
TAMPA, FL 33602 US

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.

SIGNATURE: MICHAEL A. LINSKY

04/26/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: LINSKY, MICHAEL A  
Address: 601 EAST TWIGGS STREET, SUITE 200  
City-St-Zip: TAMPA, FL 33602 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LINSKY, MICHAEL A  
Address: 400 NORTH TAMPA STREET, SUITE 2100  
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MICHAEL A. LINSKY

MGR

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date