

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90026 047 \*\*\*\*50.00

<b>DOCUMENT # L04000012699</b>					
<b>1. Entity Name</b> <b>THE LAST WORD LLC</b>					
<b>Principal Place of Business</b> 6353 FITZ LN TALLAHASSEE, FL 32311			<b>Mailing Address</b> 6353 FITZ LN TALLAHASSEE, FL 32311		
<b>2. Principal Place of Business</b>			<b>2. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> EIC 810 645 534				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>8. Name and Address of Current Registered Agent</b>  LILLY, JOANNA L 6353 FITZ LN TALLAHASSEE, FL 32311			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LILLY, JOANNA L 6353 FITZ LN TALLAHASSEE, FL 32311		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	
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	
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	
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	
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	
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>Joanna L. Lilly</i>			4-11-05 850 878 9548		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE JOANNA L. LILLY			Date    Daytime Phone #		