


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90131 005 \*\*\*138.75

<b>DOCUMENT # L06000108914</b>	
1. Entity Name <b>WORTHMORE LLC</b>	

Principal Place of Business <b>1901 AVENUE OF THE STARS, SUITE 400 LOS ANGELES, CA 90067</b>	Mailing Address <b>1901 AVENUE OF THE STARS, SUITE 400 LOS ANGELES, CA 90067</b>
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2. Principal Place of Business - No P.O. Box # <b>525 S. FLAGLER DR</b>	3. Mailing Address <b>525 S. FLAGLER DR.</b>
Suite, Apt. #, etc. <b>SUITE 500</b>	Suite, Apt. #, etc. <b>SUITE 500</b>
City & State <b>WEST PALM BEACH, FL</b>	City & State <b>WEST PALM BEACH, FL</b>
Zip <b>33401</b>	Country <b>USA</b>

**60010172**



02202008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8385684</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to: Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>MGR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KESSLER, WARREN J</b>		NAME <b>OTTO, JONATHAN</b>	
STREET ADDRESS <b>1901 AVENUE OF THE STARS, SUITE 400</b>		STREET ADDRESS <b>525 S. FLAGLER DR NE, STE 500</b>	
CITY-ST-ZIP <b>LOS ANGELES, CA 90067</b>		CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	
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	
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 exemptions contained in Chapter 119, 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: 	Date <b>2/21/08</b>	Daytime Phone # <b>(561) 514-9590</b>
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