


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000000528


1. Entity Name
NOTEWORLD LLC



Principal Place of Business
**1001 PACIFIC AVENUE, SUITE 200
TACOMA, WA 98402**

Mailing Address
**1001 PACIFIC AVENUE, SUITE 200
TACOMA, WA 98402**

DO NOT WRITE IN THIS SPACE



01142004No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4003060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004


000000031030
02/04/04-80130-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WELLER, PATRICK 1001 PACIFIC AVENUE, SUITE 200 TACOMA, WA 98402
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REMSBERG, LINDA 1001 PACIFIC AVE. #200 TACOMA, WA 98402
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FREEMAN, ERIC B 335 MADISON AVE., FLOOR 19 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEINSTEIN, ROBERT L 335 MADISON AVE., FLOOR 19 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMS, BRUCE J 335 MADISON AVE., FLOOR 19 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/27/04** (253)620-7014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date **S. Stover**