


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000528 1. Entity Name NOTEWORLD LLC	
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Principal Place of Business 1001 PACIFIC AVENUE, SUITE 200 TACOMA, WA 98402	Mailing Address 1001 PACIFIC AVENUE, SUITE 200 TACOMA, WA 98402
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DO NOT WRITE IN THIS SPACE



01262005No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4003060	Applied For <input type="checkbox"/> 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, 2005**

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	

UN00000230611
 02/15/05-80050-008 50.00

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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: *P. Weller* Date: 2/18/05 Daytime Phone #: 253 620-7014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE