


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M98000000528**

1. Entity Name  
**NOTEWORLD LLC**



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



02012008 No Chg-LLC      CR2E063 (11/05)

4. FEI Number      Applied For  
**13-4003060**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

1100000433612  
 02/24/06-80024-018 50.00

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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: Patrick Weller      Date: 2/16/06      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE