



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE

	
01232007 No Chg-LLC	CR2E083 (11/05)
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, 2007

U000000525194
02/14/07-80065-021 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	

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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:  **1/31/07** **253 620-7009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #