


FILED
Jun 16, 2008 8:00 am
Secretary of State

05-14-2008 90078 021 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, PATRICK	NAME	
STREET ADDRESS	1001 PACIFIC AVENUE, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	TACOMA, WA 98402	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	Managing member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMSBERG, LINDA	NAME	Remsberg, Linda
STREET ADDRESS	1001 PACIFIC AVE. #200	STREET ADDRESS	1001 Pacific Ave #200
CITY-ST-ZIP	TACOMA, WA 98402	CITY-ST-ZIP	Tacoma, WA 98402
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ERIC B	NAME	
STREET ADDRESS	335 MADISON AVE., FLOOR 19	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, ROBERT L	NAME	
STREET ADDRESS	335 MADISON AVE., FLOOR 19	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BRUCE J	NAME	
STREET ADDRESS	335 MADISON AVE., FLOOR 19	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	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: <i>Linda Remsberg</i>		Date: <i>May 5, 08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30009406



05022008 Chg-LLC CR2E083 (12/06)



ATTACHMENT
30009406

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2008

NOTEWORLD LLC
1001 PACIFIC AVENUE, SUITE 200
TACOMA, WA 98402

Subject: NOTEWORLD LLC

Reference Number: M9800000528

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/np
ANNUAL REPORTS SECTION

*I have changed the title to what your representative told me to put in when I called. Hopefully this is what you needed.
Thank you.
C. Stover (253) 620-7014*