2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2008
Secretary of State

DOCUMENT# L07000122818

Entity Name: NWC, LLC

Current Principal Place of Business:

4943 BAY WAY DRIVE
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4943 BAY WAY DRIVE
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-2977317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLAUER, JOSEPH J III
909 GUISANDO DE AVILA
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CLAUER, JOSEPH J III	
Address:	909 GUISANDO DE AVILA	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGRM	( ) Delete
Name:	WHITE, ROBERT R	
Address:	1311 FORESTEDGE BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	MGRM	( ) Delete
Name:	NEWKIRK, THOMAS R	
Address:	4943 BAY WAY DRIVE	
City-St-Zip:	TAMPA, FL 33629	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS R. NEWKIRK MGMR 08/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date