

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90149 046 ****50.00

DOCUMENT # M03000002077 1. Entity Name NWO, L.L.C.																																																																																																					
Principal Place of Business 2 POND'S EDGE DR. CHADDS FORD, PA 19317			Mailing Address 2 POND'S EDGE DR. CHADDS FORD, PA 19317																																																																																																		
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		Zip																																																																																																	
Country		Country		4. FEI Number APPLIED FOR 20-0057519																																																																																																	
5. Name and Address of Current Registered Agent BRANDYWINE FINANCIAL SERVICES CORP 2631 MCCORMICK DR., STE. 101 CLEARWATER, FL 33759				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																	
6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable																																																																																																	
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, 2004		Make check payable to Florida Department of State		9. ADDITIONS/CHANGES ☐ Change ☐ Addition																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME</td> <td style="width: 55%;">MGR MOORE, BRUCE E</td> <td style="width: 10%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE NAME</td> <td style="width: 55%;"></td> <td style="width: 10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2 POND'S EDGE DR.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CHADDS FORD, PA 19317</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME	MGR MOORE, BRUCE E	☐ Delete	TITLE NAME		☐ Change ☐ Addition	STREET ADDRESS	2 POND'S EDGE DR.		STREET ADDRESS			CITY-ST-ZIP	CHADDS FORD, PA 19317		CITY-ST-ZIP			TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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)(f), 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: Bruce E. Moore, Managing Member																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date APR 26 2004 Daytime Phone # (600) 388-9600																																																																																																	