


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



04022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0057519	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRANDYWINE FINANCIAL SERVICES CORP 2631 MCCORMICK DR., STE. 101 CLEARWATER, FL 33759

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

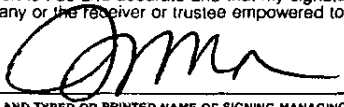
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

05/27/08-80054-002 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, BRUCE E 2 POND'S EDGE DR. CHADDS FORD, PA 19317
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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:  Bruce E. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/08 610-388-9620
Date Daytime Phone #

managing member