

2001 UNIFORM BUSINESS REPORT (UBR)

0001909 AF

DOCUMENT # L00000000090

FILED

01 MAY 23 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
N-WGV 15 GP, L.L.C

Principal Place of Business
430-B ROYAL PINES PARKWAY
ST. AUGUSTINE FL 32092

Mailing Address
430-B ROYAL PINES PARKWAY
ST. AUGUSTINE FL 32092



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3617452

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, RANDOLPH J
~~201 NORTH FRANKLIN STREET, SUITE 2200~~
TAMPA FL ~~33602~~

Name

Street Address (P.O. Box Number is Not Acceptable)

100 North Tampa, Suite 2700
City Tampa FL Zip Code 33601

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004424060--4
-06/18/01--01033--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME Managing Director
STREET ADDRESS Bryan L. Weber
CITY-ST-ZIP 430-B Royal Pines Parkway
St. Augustine, FL 32092

Change Addition

TITLE Delete
NAME Manager
STREET ADDRESS David Lester
CITY-ST-ZIP 148 Bristol East Rd
Bristol, VA. 24202

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 688, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

526-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)