

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L000000000090

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



Principal Place of Business
5000 SAWGRASS VILLAGE CIRCLE
SUITE ONE
PONTE VEDRA BEACH, FL 32082

Mailing Address
5000 SAWGRASS VILLAGE CIRCLE
SUITE ONE
PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE



03232005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3617452

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
100 NORTH TAMPA, SUITE 2700
TAMPA, FL 33601

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000322117
04/21/05-80105-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WEBER, BRYAN L
STREET ADDRESS	5000 SAWGRASS VILLAGE CIR, SUITE ONE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	MGR
NAME	LESTER, DAVID
STREET ADDRESS	148 BRISTOL EAST RD
CITY-ST-ZIP	BRISTOL, VA 24202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

Bryan Weber

3/28/05

904-285-0228