

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L00000000090

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



02012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
000000509777^M

**Filing Fee is \$50.00
Due by May 1, 2006**

04/28/06-80058-014 50.00^M

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

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NAME
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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 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: _____

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

Date

Daytime Phone #