

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90028 041 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000000090

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

90143260



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

5000 Sawgrass Village Circle
Suite One
Ponte Vedra Beach, Florida 32082

5000 Sawgrass Village Circle
Suite One
Ponte Vedra Beach, Florida 32082

4. FEI Number
59-3617452

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME WEBER, BRYAN L
STREET ADDRESS 430-B ROYAL PINES PARKWAY
CITY-ST-ZIP ST AUGUSTINE, FL 32092

TITLE ☒ Change ☐ Addition
NAME 5000 Sawgrass Village Circle
STREET ADDRESS Suite One
CITY-ST-ZIP Ponte Vedra Beach, Florida 32082

TITLE MGR ☐ Delete
NAME LESTER, DAVID
STREET ADDRESS 148 BRISTOL EAST RD
CITY-ST-ZIP BRISTOL, VA 24202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (10/02)