
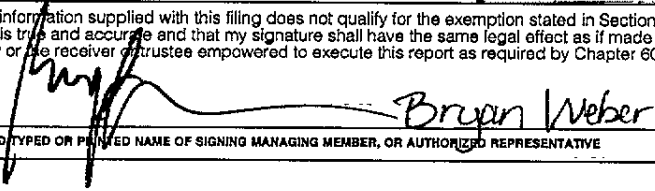


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000000092		
1. Entity Name N-WGV 15 LP, 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		
		03232005 No Chg-LLC CR2E083 (10/03)
4. FEI Number 59-3617463		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, BRYAN L 5000 SAWGRASS VILLAGE CIR, SUITE ONE PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESTER, DAVID 148 BRISTOL EAST ROAD BRISTOL, VA 24202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(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:  Bryan Weber		3/28/05 904/285/0228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #