
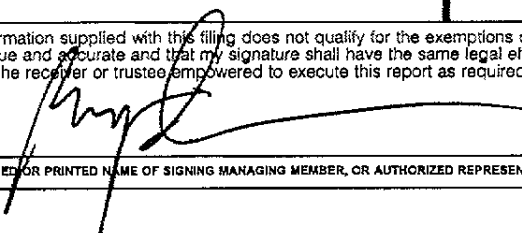


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 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																																		
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, 2006																																		
9. MANAGING MEMBERS/MANAGERS. <table border="1"><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>WEBER, BRYAN L</td></tr><tr><td>STREET ADDRESS</td><td>5000 SAWGRASS VILLAGE CIR, SUITE ONE</td></tr><tr><td>CITY- ST- ZIP</td><td>PONTE VEDRA BEACH, FL 32082</td></tr><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>LESTER, DAVID</td></tr><tr><td>STREET ADDRESS</td><td>148 BRISTOL EAST ROAD</td></tr><tr><td>CITY- ST- ZIP</td><td>BRISTOL, VA 24202</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		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 ROAD	CITY- ST- ZIP	BRISTOL, VA 24202	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<div>U000000509723^M 04/28/06-80058-001 50.00^M</div> DO NOT WRITE IN THIS SPACE
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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 #																																		