

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

07-16-2003 90028 039 ****50.00

DOCUMENT # L00000000092

1. Entity Name
N-WGV 15 LP, 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**

90143262



2. Principal Place of Business
**5000 Sawgrass Village Circle
Suite One
Ponte Vedra Beach, Florida 32082**

3. Mailing Address
**5000 Sawgrass Village Circle
Suite One
Ponte Vedra Beach, Florida 32082**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3617463** 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**

7. Name and Address of New Registered Agent

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 resigning)

DATE

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

9. MANAGING MEMBERS / MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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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 #

Bryan L. Weber Manager

7-7-03

904-285-0228

CR2E083 (10/02)