2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0000000101

Entity Name
 N-PVB, L.L.C.

Principal Place of Business

5000 SAWGRASS VILLAGE CIR., STE ONE PONTE VEDRA BEACH, FL 32082 Mailing Address 5000 SAWGRASS VILLAGE CIR., STE ONE PONTE VEDRA BEACH, FL 32082 FILED Apr 21, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03232005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3617442

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 regulred when reinstating) | DATE |
| Fi | iling Fee is \$50.00 ue by May 1, 2005 | (10 t 1 agrant a | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WEBER, BRYAN L 5000 SAWGRASS VILLAGE CIR., STE ONE PONTE VEDRA BEACH, FL 32082 | | 04/21/05-80105-012 50.00 ··· |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LESTER, DAVID 148 BRISTOL EAST ROAD BRISTOL, VA 24202 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY_ST_ZIP | | IN. | THIS SPACE |

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 take 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 of the receiverpolytrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/28/05

904-285-0228

Daytime Phone #