

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L00000000101

1. 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



02012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 required when resigning)

UP00000505772^M

**Filing Fee is \$50.00
Due by May 1, 2006**

04/28/06-80058-013 50.00^M

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	WEBER, BRYAN L
STREET ADDRESS	5000 SAWGRASS VILLAGE CIR., STE 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	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #