

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

07-16-2003 90028 042 \*\*\*\*50.00

**DOCUMENT # L00000000101**

1. Entity Name  
**N-PVB, 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**

**90143259**

2. Principal Place of Business

3. Mailing Address

5000 Sawgrass Village Circle  
Suite One  
Ponte Vedra Beach, Florida 32082

5000 Sawgrass Village Circle  
Suite One  
Ponte Vedra Beach, Florida 32082

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3617442**

Applied For  
☐ Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFE, RANDOLPH J  
100 NORTH TAMPA, SUITE 2700  
TAMPA, FL 33601**

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

10. ADDITIONS/CHANGES

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

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

CFR2E083 (10/02)