
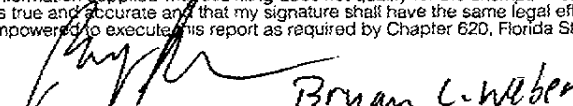


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000266			
1. Entry Name ECOVENTURE WGV, LTD.			
Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE SUITE ONE POINTE VEDRA BEACH FL 32082		Mailing Address 5000 SAWGRASS VILLAGE CIRCLE SUITE ONE POINTE VEDRA BEACH FL 32082	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3357039		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, BRYAN L 5000 SAWGRASS VILLAGE CIRCLE SUITE ONE POINTE VEDRA BEACH FL 32082		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$43,020,000.00		10. Amount of Capital Contributions in FLORIDA to date. 4,817,264	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000000091	STREET ADDRESS	
NAME	N-WGV GP, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	5000 SAWGRASS VILLAGE CIRCLE STE ONE		
CITY - ST - ZIP	POINTE VEDRA BEACH FL 32082		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE:  Bryan L. Weber		4-2-04 904-285-0228	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



MOORE CR2E003 (11/03)

STAPLE CHECK HERE