

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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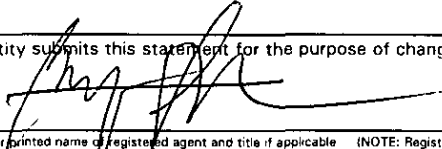
DOCUMENT # <b>A96000002282</b>			
1. Entity Name <b>ECOVENTURE WGV 15, LTD.</b>			
Principal Place of Business		Mailing Address	
430-B Royal Pines Parkway St. Augustine, FL 32092		430-B Royal Pines Parkway St. Augustine, FL 32092	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3420574</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Bryan L. Weber 430-B Royal Pines Parkway St. Augustine, FL 32092		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.

SIGNATURE  DATE 6-6-00

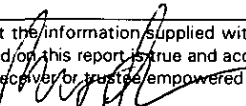
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$2.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$2.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	L00000000090	STREET ADDRESS	
NAME	N-WGV 15 GP, L.L.C.	CITY-ST-ZIP	000003300450--8 -06/22/00--01011--029 ****541.25 ****541.25
STREET ADDRESS	430-B Royal Pines Parkway		
CITY-ST-ZIP	St. Augustine, FL 32092		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET NAME	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET NAME	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET NAME	
NAME		CITY-ST-ZIP	
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. 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, Manager** DATE 6-6-00 (904) 940-9060  
Signature and typed or printed name of signing officer or director Date Daytime Phone #