

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		99 JAN 25 AM 9:15	
1. Name of Limited Partnership Ecoventure PVB, Ltd.		1a. DOCUMENT # A98000002805			
Mailing Address 601 Bayshore Boulevard Suite 960 Tampa, FL 33606		Principal Office Address 601 Bayshore Boulevard Suite 960 Tampa, FL 33606		3. Date Formed or Registered 12-21-98	
				5a. Capital Contributions as Shown on record \$1.00	
				3a. Date of Last Report	
				5b. Amount of Capital Contributions in FLORIDA to date \$1.00	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	8. Make check payable to Dept. of State (see reverse side for fee information)	

9. Name and Address of Current Registered Agent Edward R. Oelschlaeger 601 Bayshore Boulevard Suite 960 Tampa, FL 33606		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE**

11. Name(s) of General Partner(s) Ecoventure PVB, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 601 Bayshore Boulevard Suite 960	11b. City, State & Zip Code Tampa, FL 33606	11c. Registration/Document Number P98000105489
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Note: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Edward R. Oelschlaeger DATE 12/31/98

Typed or Printed Name of General Partner Signing Form Edward R. Oelschlaeger, Pres. of General Partner
Daytime Telephone Number: (813) 251-4868