

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800002805

1. Entity Name
ECOVENTURE PVB, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 13 PM 2: 27

Principal Place of Business Mailing Address
601 Bayshore Blvd., Ste 960 Tampa, FL 33606 601 Bayshore Blvd., Ste 960 Tampa, FL 33606

2. Principal Place of Business 430-B Royal Pines Parkway
3. Mailing Address 430-B Royal Pines Parkway
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State St. Augustine, FL

4. FEI Number 59-3552131
Applied For Not Applicable

Zip 32092 Country U.S.

5. Certificate of Status Desired \$8.75 Additional Fee Required

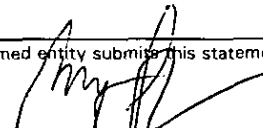
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Edward R. Oelschlaeger
601 Bayshore Blvd., Ste 960
Tampa, FL 33606

Name Bryan L. Weber
Street Address (P.O. Box Number is Not Acceptable) 430-B Royal Pines Parkway
City St. Augustine, FL FL Zip Code 32092

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  Bryan L. Weber DATE 6-6-00

9. Capital Contributions as Shown on record \$1.00

10. Amount of Capital Contributions in FLORIDA to date. \$1.00

11. MAKE CHECK PAYABLE TO 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 # P98000105489
NAME Ecoventure PVB, Inc.
STREET ADDRESS 601 Bayshore Blvd., Ste 960
CITY-ST-ZIP Tampa, FL 33606

STREET ADDRESS 430-B Royal Pines Parkway
CITY-ST-ZIP St. Augustine, FL 32092

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 300003303583--0
-06/26/00--01008--004
CITY-ST-ZIP
BKL
****541.25 ****541.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET NAME
CITY-ST-ZIP

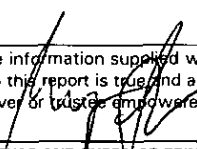
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STREET NAME
CITY-ST-ZIP

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, President DATE 6-6-00 (904) 940-9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #