
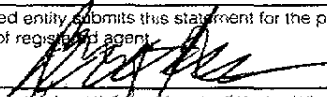
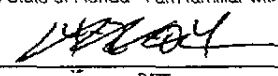



**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

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

DOCUMENT # A9800002805					
1. Entity Name ECOVENTURE PVB, LTD.					
Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE, STE. ON PONTE VEDRA BEACH FL 32082			Mailing Address 5000 SAWGRASS VILLAGE CIRCLE, STE. ON PONTE 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 59-3552131 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEBER, BRYAN L 5000 SAWGRASS VILLAGE CIRCLE, STE. ONE PONTE VEDRA BEACH FL 32082			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 		M/A		DATE 	
9. Capital Contributions as Shown on record		\$5,750,000.00		10. Amount of Capital Contributions in FLORIDA to date. 	
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 #	P98000105489		STREET ADDRESS		
NAME	ECOVENTURE PVB, INC.		CITY-ST-ZIP		
STREET ADDRESS	430-B ROYAL PINES PARKWAY			5000 Sawgrass Village Cir., Ste. 1	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092			Ponte Vedra Beach, FL 32082	
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS				U00000120534	
CITY-ST-ZIP				04/20/04-80014-005 141.25	
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 4-20-04 904-285-0225