

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A01000001599

1. Entity Name

ECOVENTURE SANCERRE, LTD.

FILED

02 JUN -4 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601 Bayshore Blvd.

Suite, Apt. #, etc.

Suite 960

City & State

Tampa, Florida

Zip

33606

Country

USA

3. Mailing Address

601 Bayshore Blvd.

Suite, Apt. #, etc.

Suite 960

City & State

Tampa, Florida

Zip

33606

Country

USA

**DUE BY MAY 1**

4. FEI Number

59-3760770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Wolfe, Randolph J.

Street Address (P.O. Box Number is Not Acceptable)

100 North Tampa, St. Ste=2700

City

Tampa

FL

Zip Code

33602

**DO NOT WRITE  
IN THIS SPACE**

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

*Randolph J. Wolfe*

Randolph J. Wolfe, Registered Agent

5/30/02  
DATE

9. Capital Contributions as Shown on record. \$12,000,000

10. Amount of Capital Contributions in FLORIDA to date. \$10,000,000

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

DOCUMENT # P010000115847  
NAME ECOVENTURE SANCERRE, INC.  
STREET ADDRESS 601 Bayshore Blvd. Suite 960  
CITY-ST-ZIP Tampa, Florida 33606

STREET ADDRESS

CITY-ST-ZIP

200005694692--2

-06/06/02--01058--017

\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE**

**IN THIS SPACE**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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. 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:

*Edward R. Delschlaeger*

EDWARD R. DELSCHLAEGER

President of

4/9/02

813-251-4868

CR2E003B (12/01)