

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A01000001599**

1. Entity Name
ECOVENTURE SANCERRE, LTD.



Principal Place of Business
601 BAYSHORE BLVD., SUITE 960
TAMPA FL 33606

Mailing Address
601 BAYSHORE BLVD., SUITE 960
TAMPA FL 33606

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

03 APR 21 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3760770**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**WOLFE, RANDOLPH J
100 NORTH TAMPA STREET, STE. 2700
TAMPA FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions **\$12,000,000.00** 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 # **P01000115847**
NAME **ECOVENTURE SANCERRE, INC.**
STREET ADDRESS **601 BAYSHORE BLVD., SUITE 960**
CITY-ST-ZIP **TAMPA FL 33606**

STREET ADDRESS

CITY-ST-ZIP

4000016398104

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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. Oelschlaeger 3/18/03 813-251-4868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0013243
AT

CR2E003 (10/02)