


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 MAY -3 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A02000001692</b>					
1. Entity Name ECOVENTURE CAROUSEL, LTD.					
Principal Place of Business 601 BAYSHORE BLVD., STE. 960 TAMPA, FL 33606			Mailing Address 601 BAYSHORE BLVD., STE. 960 TAMPA, FL 33606		
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 92-0178504	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OELSCHLAEGER, EDWARD R 601 BAYSHORE BLVD., STE. 960 TAMPA, FL 33606				7. Name and Address of New Registered Agent	
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.				NAME STREET ADDRESS (P.O. Box Number is Not Acceptable) CITY	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.				DATE _____	
9. Capital Contributions as Shown on record. \$4,000,099.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P02000133256		STREET ADDRESS		
NAME	ECOVENTURE CAROUSEL, INC.		CITY-ST-ZIP		
STREET ADDRESS	601 BAYSHORE BLVD., STE. 960				
CITY-ST-ZIP	TAMPA, FL 33606				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	800036545818	
STREET ADDRESS				05/18/04--01034--006 **526.25	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Edward R. Oelschlaeger Date _____ Daytime Phone # _____		

STAPLE CHECK HERE