
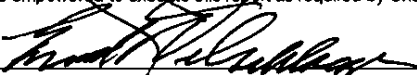


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 31 AM 11:54

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000002061					
1. Entity Name ECOVENTURE AQUA ASSOCIATES, 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.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				01272006 Chg-LP CR2E003 (11/05)	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OELSCHLAEGER, EDWARD R 601 BAYSHORE BLVD., SUITE 960 TAMPA, FL 33606				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	P05000150720			STREET ADDRESS	
NAME	ECOVENTURE AQUA ASSOCIATES, INC.			CITY-ST-ZIP	900076017449
STREET ADDRESS	601 BAYSHORE BLVD., SUITE 960				06/08/06--01034--020 **900.00
CITY-ST-ZIP	TAMPA, FL 33606				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/28/06 813-251-4868	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL</small>					

STAPLE CHECK HERE