

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002282

1. Entity Name

ECOVENTURE WGV 15, LTD.

Principal Place of Business

430-B Royal Pines Parkway
St. Augustine, FL 32092

Mailing Address

430-B Royal Pines Parkway
St. Augustine, FL 32092

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

59-3420574

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

☐ Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Bryan L. Weber

430-B Royal Pines Parkway
St. Augustine, FL 32092

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$2.00

10. Amount of Capital Contributions

in FLORIDA to date. \$2.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

L00000000090

NAME

N-WGV 15 GP, L.L.C.

STREET ADDRESS

430-B Royal Pines Parkway

CITY-ST-ZIP

St. Augustine, FL 32092

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET NAME

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. 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, Manager

(904) 940-9060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #