

2001 UNIFORM BUSINESS REPORT (UBR)

0012374 AF

DOCUMENT # **A96000002282**

1. Entity Name

ECOVENTURE WGV 15, LTD.

FILED

01 APR 27 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

WEBER, BRYAN L

**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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

5th filed
1,500,401

10. Amount of Capital Contributions
in FLORIDA to date.

1,500,401

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 file 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 **21 525V**
CITY-ST-ZIP **8000004221858--8**
-05/17/01--01028--017
*****2276.25 ****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

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E003 (11/00)

3-26-01