
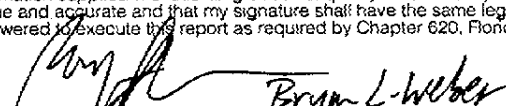


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002282			
1. Entity Name ECOVENTURE WGV 15, LTD.			
Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE, STE. ON PONTE VEDRA BEACH FL 32082		Mailing Address 5000 SAWGRASS VILLAGE CIRCLE, STE. ON PONTE VEDRA BEACH FL 32082	
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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, BRYAN L 5000 SAWGRASS VILLAGE CIRCLE, STE. ONE PONTE VEDRA BEACH FL 32082		7. Name and Address of New Registered Agent 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 _____	
9. Capital Contributions as Shown on record. \$1,500,401.00		10. Amount of Capital Contributions in FLORIDA to date. 1,500,401.00	
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 #	L00000000090	STREET ADDRESS	
NAME	N-WGV 15 GP, L.L.C.	CITY-ST-ZIP	5000 Sawgrass Village Cir., Ste. 1 Ponte Vedra Beach, FL 32082
STREET ADDRESS	430-B ROYAL PINES PARKWAY		
CITY-ST-ZIP	ST. AUGUSTINE FL 32092		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	U000000120492 04/20/04-80012-004 526.25
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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 exemption stated in Section 119.07(3)(f), 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: 		4-2-04 904-285-0228	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE