


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A96000002282		
1. Entity Name ECOVENTURE WGV 15, LTD.		

Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE, STE. ONE PONTE VEDRA BEACH, FL 32082	Mailing Address 5000 SAWGRASS VILLAGE CIRCLE, STE. ONE PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
2005 APR 26 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03232005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3420574	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,500,401.00	10. Amount of Capital Contributions in FLORIDA to date. 1,500,401.00
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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	5000 Sawgrass Village Cir. #1
NAME	N-WGV 15 GP, L.L.C.	CITY-ST-ZIP	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	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300054343469
NAME		CITY-ST-ZIP	05/12/05--01079--004 **526.25
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DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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)(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: 	Date: 3/28/05	Daytime Phone #: 904-285-0228
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STAPLE CHECK HERE