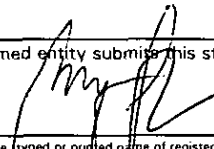
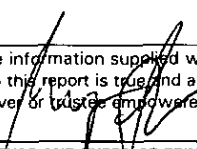


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002805			
1. Entity Name ECOVENTURE PVB, LTD.			
Principal Place of Business 601 Bayshore Blvd., Ste 960 Tampa, FL 33606		Mailing Address 601 Bayshore Blvd., Ste 960 Tampa, FL 33606	
2. Principal Place of Business 430-B Royal Pines Parkway Suite, Apt. #, etc.		3. Mailing Address 430-B Royal Pines Parkway Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32092	Country U.S.	Zip 32092	Country U.S.
6. Name and Address of Current Registered Agent Edward R. Oelschlaeger 601 Bayshore Blvd., Ste 960 Tampa, FL 33606		7. Name and Address of New Registered Agent Name Bryan L. Weber Street Address (P.O. Box Number is Not Acceptable) 430-B Royal Pines Parkway City St. Augustine, FL FL Zip Code 32092	
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  Bryan L. Weber <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
9. Capital Contributions as Shown on record. \$1.00		10. Amount of Capital Contributions in FLORIDA to date. \$1.00	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000105489 Ecoventure PVB, Inc. 601 Bayshore Blvd., Ste 960 Tampa, FL 33606	STREET ADDRESS CITY-ST-ZIP	430-B Royal Pines Parkway St. Augustine, FL 32092
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300003303583--0 -06/26/00--01008--004 ****541.25 ****541.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET NAME CITY-ST-ZIP	BK
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET NAME CITY-ST-ZIP	6/13
DOCUMENT # NAME STREET ADDRESS 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. 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  Bryan L. Weber, President		(904) 940-9060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 13 PM 2:27

DO NOT WRITE IN THIS SPACE