

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000002805

1. Entity Name  
ECOVENTURE PVB, 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



02012006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3552131

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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  
DOCUMENT # P98000105489  
NAME ECOVENTURE PVB, INC.  
STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE, STE. ONE  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

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1100000563867  
05/20/06-80030-008 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE