

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 22 PM 3:59

DOCUMENT # **A92000000045**

1. Entity Name
PEBBLE CREEK PARTNERS, LTD.

Principal Place of Business 5551 RIDGEWOOD DR. SUITE 203 NAPLES FL 34108	Mailing Address 5551 RIDGEWOOD DR. SUITE 203 NAPLES FL 34108
--	--



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number **65-0375234** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **A** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATHAN, G. HELEN ESQ.
5551 RIDGEWOOD DR.
SUITE 501
NAPLES FL 34108**

Name
Street Address (P.O. Box Number is Not Acceptable)
550004794245-8
-01/24/02--01051--009
City *****300.FL ***450.00**

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

9. Capital Contributions as Shown on record. **\$30,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **0** 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	STREET ADDRESS	CITY-ST-ZIP
V68781	SPB OF NAPLES, INC.	5551 RIDGEWOOD DR., STE. 203	NAPLES FL 33963		

Handwritten: 141.25
0.75
\$150
AUS

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** 1-9-02 941-566-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)