

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 FEB -6 PM 12:36

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01072004 Chg-LP CR2E003 (10/03) *210*

4. FEI Number
65-0375234

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

200028315172
 02/06/04 01000 000 ***1401.25

9. Capital Contributions as Shown on record. \$30,000.00

10. Amount of Capital Contributions in FLORIDA to date. 30,000

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 #	V66781
NAME	SPB OF NAPLES, INC.
STREET ADDRESS	5551 RIDGEWOOD DR., STE. 203
CITY-ST-ZIP	NAPLES, FL 33963
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

[Signature] 1/14/04 239 566 2800
Date Daytime Phone #