2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

STAPLE CHECK HERE

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DOCUMENT # A9200000045 1. Entity Name							FILED		
PEBBLE CREEK PARTNERS, LTD.						2005 APR -6 PM 4: 33			
Principal Place of Business Mailing Address						. Water o	. E SE GARRANI	7 10	
5551 RIDGEWOOD DR. 5551 RIDGEWOOD DR.					, J.		UN OF CORPORA	HONS	
SUITE 203 NAPLES FL 34108			SUITE 203 NAPLES FL 34108						
2. Principal Place of Business 800 Laurel Oak Dr 800 Laurel					ollDr	1 19318/1 1938 183	- 11 p)	of sail sists single at the	
Suite, Apt. #, etc. Suuta 300			Suite, Apt. #, etc. Suita 300		1ST MOO	RE CR2E003 (10/04)		
City & State Caples Fr			City & State Raples Fr			4. FEI Number 65-0375234 Applied For Not Applicable			
34108 Country USA		34108	1011		5. Certificate of Status Desired \$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)				
					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 o	r printed name of registered agent a	nd title if applicable		DATE		11. FILE NOW!!! Due b See Block 11 instru		
9. Capital Contributions as Shown on record. \$30,000.00 In FLORIDA to date.									
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 #	DDCUMENT / V66781								
NAME	SPB OF NAPLES, INC.				STREET ADDRESS 800 Laurel Oak Drive, Suite 300				
STREET ADDRESS CITY-ST-ZIP	5551 RIDGE NAPLES FL	WOOD DR., STE. 203 33963	CITY		ST-ZIP M	aples FZ 34108			
DOCUMENT #	 {			STREET	1 ADDRESS	•			
NAME STREET ADDRESS					,				
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STREET ADDRESS CITY-ST-ZIP				CITY-S	51-2iP				
14. I hereby certify that the information supplied with this filling 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 floor as required by Chapter 620, Florida Statutes									
SIGNATURE:									