

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A96000000466**

1. Entity Name  
**PEBBLE CREEK APARTMENTS, LIMITED**

Principal Place of Business <b>2040 N.W. 67TH PLACE GAINESVILLE FL 32606</b>	Mailing Address <b>2040 N.W. 67TH PLACE GAINESVILLE FL 32653-1608</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3365990</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CRUTCHER, KEITH A</b> <b>2040 N.W. 67TH PLACE</b> <b>GAINESVILLE FL 32606</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$690,902.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>378,360.99</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>P98000065583</b>	NAME <b>PEBBLE CREEK APARTMENTS MANAGEMENT, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>2040 N.W. 67TH PLACE</b>	CITY - ST - ZIP <b>GAINESVILLE FL 32653</b>	CITY - ST - ZIP	<b>700003202907--9</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>-04/11/00--01039--002</b>
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	<b>****526.25 ****526.25</b>
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	<b>dca</b>

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]* SIGNATURE REQUIRED **Keith Crutcher** 3/16/00 352 376 4939  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)