


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000466**  
 1. Entity Name  
**PEBBLE CREEK APARTMENTS, LIMITED**



Principal Place of Business      Mailing Address  
 2040 N.W. 67TH PLACE      2040 N.W. 67TH PLACE  
 GAINESVILLE, FL 32606      GAINESVILLE, FL 32606

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. # etc      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



01232004      Chg-LP      CR2E003 (10/03)  
 4. FEI Number      Applied For  
**59-3365990**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CRUTCHER, KEITH A**  
**2040 N.W. 67TH PLACE**  
**GAINESVILLE, FL 32606**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature) typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record      \$690,902.00      10. Amount of Capital Contributions in FLORIDA to date.      *0*

**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 #	P98000065583	STREET ADDRESS	
NAME	PEBBLE CREEK APARTMENTS MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2040 N.W. 67TH PLACE		
CITY-ST-ZIP	GAINESVILLE, FL 32653		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			1100000146287
CITY-ST-ZIP			05/03/04-80050-004 141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Keith Crutcher*      **Keith Crutcher**      4/12/04      352 376 4939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #