


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 30 AM 10:53

DOCUMENT # A9600000466 1. Entity Name PEBBLE CREEK APARTMENTS, LIMITED	
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Principal Place of Business 2040 N.W. 67TH PLACE GAINESVILLE, FL 32606	Mailing Address 2040 N.W. 67TH PLACE GAINESVILLE, FL 32606
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Handwritten initials



2. Principal Place of Business	3. Mailing Address	02102005	Chg-LP	CR2E003 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3365990		
City & State		City & State		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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
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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. <i>Handwritten 0</i>	
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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 #	P98000065583	STREET ADDRESS	
NAME	PEBBLE CREEK APARTMENTS MANAGEMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	2040 N.W. 67TH PLACE	STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32653	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *Handwritten Signature* **Keith Crutcher** 3/22/05 352 376 4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #