


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 17 AM 10:45

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



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

Mailing Address
 2040 N.W. 67TH PLACE
 GAINESVILLE, FL 32606

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country
 32653

Zip Country



01112006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-3365990

Applied For
 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
 32653

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	300069077753
NAME		CITY-ST-ZIP	03/31/06--01005--025 **500.00
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 President
 DATE: 3/8/06
 DAYTIME PHONE #: (352) 376-4935