

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012734 AF

**DOCUMENT # A96000002080**  
 1. Entity Name  
**PEBBLEBROOKE LAKES LIMITED PARTNERSHIP**

*526.25*  
*due before 5/1/01*  
**FILED**  
**01 MAY -2 AM 11:58**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



Principal Place of Business  
**255 EAST DRIVE, SUITE D  
 MELBOURNE FL 32904**

Mailing Address  
**255 EAST DRIVE, SUITE D  
 MELBOURNE FL 32904**

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3332354** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSBOROUGH, KAREN  
 255 EAST DRIVE, SUITE D  
 MELBOURNE FL 32904**

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.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,600,000.00**

10. Amount of Capital Contributions in FLORIDA to date. \_\_\_\_\_

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
 SEE REVERSE SIDE FOR FEE INFORMATION**

**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

DOCUMENT #	<b>F21480</b>
NAME	<b>SAUNDRY ASSOCIATES, INC.</b>
STREET ADDRESS	<b>255 EAST DRIVE, SUITE D</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32904</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>200004302132--6          -05/23/01--01051--012          ****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Karen Rosborough* **4/20/2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)