

2000 UNIFORM BUSINESS REPORT (UBR)

L99000009094

DOCUMENT #
 1. Entity Name
PEBBLE CREEK ENTERPRISES, LLC

DUPLICATE - 3 AM 11:02

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
19651 BRUCE B. DOWNS BLVD. TAMPA, FLORIDA **8911 REGENTS PARK DR. TAMPA, FLORIDA**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
550

DO NOT WRITE IN THIS SPACE

City & State City & State
TAMPA FLORIDA TAMPA, FLORIDA
 Zip Country Zip Country
33647 U.S.A. 33647 U.S.A.

4. FEI Number Applied For
59-2915758 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **HENRY BRUSCINO JR.**
 Street Address (P.O. Box Number is Not Acceptable) **8911 REGENTS PARK DRIVE, # 550**
 City **TAMPA** FL Zip Code **33647**

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 *Henry Bruscano Jr.* **HENRY BRUSCINO JR.** **2/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

By 3/11/00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANAGING MEMBER HENRY BRUSCINO JR. 8911 REGENTS PARK DRIVE, # 550 TAMPA, FLORIDA 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003178924-7 -03/22/00--01007--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Henry Bruscano Jr.* **HENRY BRUSCINO JR.** **2/28/00** **813-973-4155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)