


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90064 028 \*\*\*\*50.00

<b>DOCUMENT # L99000009094</b>			
1. Entity Name <b>PEBBLE CREEK ENTERPRISES, LLC</b>			
Principal Place of Business <b>19651 BRUCE B. DOWNS BLVD. TAMPA, FL 33647</b>		Mailing Address <b>8911 REGENTS PARK DR., #550 TAMPA, FL 33647</b>	
2. Principal Place of Business <b>8911 REGENTS PARK DR.</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>550</b>		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL</b>		City & State	
Zip <b>33647</b>	Country	Zip	Country
01122006 Chg-LLC CR2E083 (11/05)		4. FEI Number <b>59-2915758</b>	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BRUSCINO, HENRY JR. 8911 REGENT'S PARK DRIVE, SUITE 550 TAMPA, FL 33647</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BRUSCINO, HENRY JR. 8911 REGENTS PARK DRIVE, #500 TAMPA, FL 33647</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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 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: <u>Henry Bruscino Jr.</u> <b>HENRY BRUSCINO JR.</b>		Date: <u>1/12/06</u>	Daytime Phone #: <u>813-973-4155</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>