


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90018 036 ****50.00

DOCUMENT # L99000009094			
1. Entity Name PEBBLE CREEK ENTERPRISES, LLC			
Principal Place of Business 8911 REGENTS PARK DR. 5 TAMPA, FL 33647		Mailing Address 8911 REGENTS PARK DR., #550 TAMPA, FL 33647	
2. Principal Place of Business - No P.O. Box # 8911 REGENTS PARK DR.		3. Mailing Address	
Suite, Apt. #, etc. 550		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
4. FEI Number 59-2915758		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01152007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BRUSCINO, HENRY JR. 8911 REGENT'S PARK DRIVE, SUITE 550 TAMPA, FL 33647		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUSCINO, HENRY JR. <input type="checkbox"/> Delete 8911 REGENTS PARK DRIVE, #500 TAMPA, FL 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"/> 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:  HENRY BRUSCINO JR.		1/15/07 813-973-4155	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	