## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A9200000045

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN -2 PM 1: 15



| PEBBLE CREEK PARTNERS, LTD.   |  |  | A TORINGIA DETE DESIDE HOUR EDIST BOTH EDIST BOTH EDIST BOTH BOTH DOSNI DISULDING DISULDING      |  |  |
|---|--|--|--|--|--|
| Mailing Address  5551 RIDGEWOOD DR. SUITE 203   | Principal Office Address  5551 RIDGEWOOD DR. SUITE 203   | 5551 RIDGEWOOD DR.                                 |  | 5a. Capital Contributions as Shown on record.  |  |
| NAPLES FL 34108   | NAPLES FL 34108  |  | 3a. Date of Last Report  02/13/1997  4. State or Country of Formation                            | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date:                        |  |
| 2. Mailing Address  | 28. Principal Office Address   |  | FL   |  |  |
| Sulte, Apt. #, etc.   | Suite, Apt. #, etc.  |  | 6. FEI Number  | Applied For  |  |
| City & State  | City & State   |  | 65-0375234 7. Certificate of Status Desired  | Not Applicable  \$8.75 Additional Fee Required                                       |  |
| Zip Country   | Zip Country  |  | 8. Make check payable to: Dept.  | 8. Make check payable to: Dept. of State (See reverse side for fee Information)      |  |
| 9. Name and Address of C  | current Registered Agent   |  | 10. If changed, new Registe  | ared Agent/Office  |  |
| ATHAN, G. HELEN ESQ.<br>5551 RIDGEWOOD DR.  |  | Name   |  |  |  |
|   |  | Street Address (P.O. Box Number Is Not Acceptable) |  |  |  |
| SUITE 501   |  | Suite, Apt. #, etc.                                |  |  |  |
| NAPLES FL 34108   |  | City FL Zip Code                                   |  |  |  |
| agent I am familiar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THE M                             | ent)   | LIMITED<br>ND ACTIV                                | PARTNERSHIP OR OTH   | ER BUSINESS ENTITY   |  |
| 11. Name(s) of General Partner(s)   | 11a. Address of Each Gene  | ral Parlner<br>Box Numbers)                        | 11b. City, Stale & Zip Code  | 11c. Registration/<br>Document Number  |  |
| SPB OF NAPLES, INC.   | 5551 RIDGEWOOD DR., S  |  | NAPLES FL 33963  | V66781<br>24062162   |  |
|   |  | ٠  | ###<br>-01/2<br>600002   | 24062162<br>21/9901031012<br>922.50 ****322.50                                       |  |
| 12. Let hereby certify that the information supplied Corporations from any liability of non-compilar this annual report is true and apourate and that | nce with Section 119.07(3)(k) in the event that the<br>If my signature shall have the same legal effects a | not qualify for the d                              | exemption stated in Section 119.07(3)(k), Flori<br>ed is deemed exempt from public access. I for | da Statutes. I release the Division of interesting that the information indicated on |  |
| empowered to execute this apport as reports SIGNATURE   | ry chapter 620, Florina Statutes.  |  | DATE   |  |  |
| Typed or Printed Name of General Partner Signing 5  |  |  | Daytime Telephone Number _   |  |  |
| Aben at 1 mines treated of compress printing and the con-   |  |  |  |  |  |