
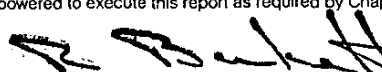


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 24 AM 9:38

DOCUMENT # A96000000332						SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 24 AM 9:38	
1. Entity Name PEBBLES ISLAND GRILL, LTD.							
Principal Place of Business 601 NORTH NEW YORK AVENUE, #201 WINTER PARK, FL 32789				Mailing Address P.O. BOX 2066 WINTER PARK, FL 32780			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ATLANTIC COAST MANAGEMENT, INC. 601 NORTH NEW YORK AVENUE WINTER PARK, FL 32789				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record: \$990.00				10. Amount of Capital Contributions in FLORIDA to date:			
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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	V44833			STREET ADDRESS			
NAME	ATLANTIC COAST MANAGEMENT, INC.			CITY-ST-ZIP			
STREET ADDRESS	601 NORTH NEW YORK AVENUE						
CITY-ST-ZIP	WINTER PARK, FL 32789						
DOCUMENT #				STREET ADDRESS	100049555131		
NAME				CITY-ST-ZIP	03/31/05 01005-002 **141.25		
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NAME				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: 				Date: 3/15/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #			