HILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

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1. Name of Limited Partnership	1a. DOCUMENT # A9600000466			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
PEBBLE CREEK APARTMENTS, LIMITED						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2040 N.W. 67TH PLACE GAINESVILLE FL 32606	2040 N.W. 67TH PLACE GAINESVILLE FL 32606			03/08/1996 3a. Date of Last Report 01/16/1998	\$690,902.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	Contributions in FLORIDA to date:	
				FL	560,491.66	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 59-3365990	Applied For Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Country			8, Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
CRUTCHER, KEITH A		Name	√ame			
2040 N.W. 67TH PLACE			Address (P.O. Box Number is Not Acceptable)			
GAINESVILLE FL 32606 Suite, Apt. #		Suite, Apt.	, #, atc.			
		FL Zip Code				
10a. Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
MUS I 11. Name(s) of General Partner(s)	T		11b.	City, State & Zip Code	11c. Registration/	
PEBBLE CREEK APARTMENTS MANA	11a. (Do NOT Use Post Office Box Numbers) 2040 N.W. 67TH PLACE		GAINESVILLE FL 32653		P98000065583 7356036 8799-01002-037	
				3000027356036 -01/11/8901002037 ****4497.04 *****526.25		
				dec	* 526.25	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
12. I do heraby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this peport as required by chapter 620, Florida Statutes.						
SIGNATURE DATE 12 29 98						
Typed or Printed Name of General Partner Signing Form Keith Crutcher Daytime Telephone Number 352 376 4939						