


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 17 AM 10:45

DOCUMENT # A96000000466 1. Entity Name PEBBLE CREEK APARTMENTS, LIMITED	
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Principal Place of Business 2040 N.W. 67TH PLACE GAINESVILLE, FL 32606	Mailing Address 2040 N.W. 67TH PLACE GAINESVILLE, FL 32606
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Country	Zip
Country	Country



01112006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3365990	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRUTCHER, KEITH A 2040 N.W. 67TH PLACE GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32653
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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
DOCUMENT # P98000065583
NAME PEBBLE CREEK APARTMENTS MANAGEMENT, INC.
STREET ADDRESS 2040 N.W. 67TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32653

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP
3000069077753	03/31/06--01005--025 **500.00

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STREET ADDRESS	CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Keith Crutcher President 3/8/06 (352) 376-4935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE