

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

0007508 AT

DOCUMENT # **A96000000466**

1. Entity Name  
**PEBBLE CREEK APARTMENTS, LIMITED**



**FILED**

**03 APR - 1 AM 10:38**

Principal Place of Business  
**2040 N.W. 67TH PLACE  
GAINESVILLE FL 32606**

Mailing Address  
**2040 N.W. 67TH PLACE  
GAINESVILLE FL 32606**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3365990**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRUTCHER, KEITH A  
2040 N.W. 67TH PLACE  
GAINESVILLE FL 32606**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$690,902.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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

STREET ADDRESS

CITY-ST-ZIP

**200015823412**  
**04/01/03--01035--009 \*\*141.25**

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CITY-ST-ZIP

**M THOMAS**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Keith A. Crutcher** **3/17/03** **352/264-7181**

CR2E003 (10/02)

STAPLE CHECK HERE