## FILE 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

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1. Name of Limited Partnership	1a. DOCUMI A96000001	ENT # <b>182</b>	J0 5120	4M 12	In /31
PEBB ENTERPRISES PINE ISLAND LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1000 CORPORATE DRIVE. SUITE 210 FORT LAUDERDALE FL 33334	1000 CORPORATE DRIVE, SUITE 210 FORT LAUDERDALE FL 33334		06/24/1996 3a, Date of Last Report 03/02/1998	\$9,900.00  5b. Amount of Capital Contributions in FLORIDA	_
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	_
City & State	City & State		65-0675505 7. Certificate of Status Desired	Not Applicable  \$8.75 Additional	-
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	Fee Required state (See reverse side for fee information	on)
9_ Name and Address of Current Registered Agent			10, if changed, new Registered Agent/Office		
		Name			
ROSENBERG, JEFFREY M 1000 CORPORATE DRIVE, SUITE 210		Street Address (P.O. Box Number is North agentative) 2730172-8			
FORT LAUDERDALE FL 33334		Sulte, Apt. #, etc. #***158.05 ****158.05			
		City		FL Zip Code	$\neg$
10a. Pursuant to the provisions of sections 620.1051 and 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 office or 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)  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number	
PEBB MANAGEMENT COMPANY, INC			ORT LAUDERDALE FL 33	P96000039415	CR2E003 (8/98)
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby 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 report as required by chapter 620, Florida Statutes.  PEBB MANAGEMENT CO. ING. General Partner					
SIGNATURE	July -	7	DATE	14X/50	_

Typed or Printed Name of General Partner Signing Form Dy Jeffrey M. Rosenberg, Sec.-Treas Saytime Telephone Number (954) 771-3305