

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002080

1. Entity Name

PEBBLEBROOKE LAKES LIMITED PARTNERSHIP

Principal Place of Business

255 EAST DRIVE, SUITE D
MELBOURNE FL 32904

Mailing Address

255 EAST DRIVE, SUITE D
MELBOURNE FL 32904

FILED

02 APR 22 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

8310 Big Acorn Cir
Suite, Apt. #, etc.
#1001

3. Mailing Address

8310 Big Acorn Cir
Suite, Apt. #, etc.
#1001

DUE BY MAY 1, 2002

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3332354

Applied For

Not Applicable

Zip

34119 USA

Zip

34119 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSBOROUGH, KAREN
255 EAST DRIVE, SUITE D
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

8310 Big Acorn Circle #1001

City

Naples

FL

Zip Code

34119

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.

SIGNATURE

Karen Rosborough

1-14-02

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

DATE

9. Capital Contributions
as Shown on record.

\$1,600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # F21480
NAME SAUNDY ASSOCIATES, INC.
STREET ADDRESS 255 EAST DRIVE, SUITE D
CITY-ST-ZIP MELBOURNE FL 32904

13. ADDRESS CHANGES ONLY

STREET ADDRESS

8310 Big Acorn Circle #1001

CITY-ST-ZIP

Naples, FL 34119

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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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 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:

SAUNDY ASSOCIATES, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/18/2002

CR2E003 (9/01)