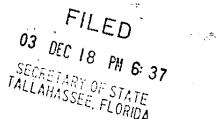
LIMITED LIABILITY COMPANY **WNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000001502 1. Entity Name

PEBBLE COURT APARTMENTS, L.L.C.





	DO NOT WRIT	E IN THIS	FALLAHASSEE, FLORIDA									
	Place of Business V SOUTH RIVER DR. #, etc.	3. Mailing Address 3350 NW SC Suite, Apt. #, etc	OUTH RIVER DR.	DO NOT WRITE IN THIS SPACE								
City & Star MIAMI, F		City & State MIAMI, FL	····	4. FEI Number 65-0991504	Applied For Not Applicable							
Zip 33142	Country	^{Zip} 33142	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required							
	DO NOT V	VRITE		7. Name and Address of Current Registered Agent Name ALEJANDRO DIAZ Street Address (P.O. Box Number is Not Acceptable)								
	IN THIS S	PACE	ļ	3350 NW SOUTH RIVER DR.								
			City MIAMI	FL	Zip Code - 33142							
SIGNATURE	Signature, used generated name of registered an		FEE IS \$50,00 Payable to Florida Departm DUE BY MAY 1	DATE DESTRUCTION OF State								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGR) ALEJANDRO DIA 3350 NW SOUTH RIVER MIAMI, FL 33142	vz	TITLE NAME STREET AUDRESS GITY-ST-ZIP	400027771 01/29/0401032001	554 **50.00							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGR) ANA DIAZ CORE 3350 NW SOUTH RIVER MIAMI, FL 33142	ERO R DR.	TITLE NAME STREET ADDRESS CITY-SE-ZIP	13/								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRI	TE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sa (sing)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	CE							
TITLE NAME	NSTATEME	MT 200	7 IIILE									

11: 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MLE

NAME

SIGNATURE: RINTED NAME OF SIGNING

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ШΕ

NAME

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)

L00000001502

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003 UNIFORM BUSINESS REPORT. I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

ALEJANDRO DIAZ

MGR

MK

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