


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY -4 PM 4: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000403			
PEBBLE CREEK VENTURE, L.C. 17568 FAIRMEADOW DR. TAMPA FL 33647		1a. Principal Place of Business Address 10405 MULLIGAN CT. TAMPA FL 33647			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/09/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3381792	
Country		Country		5. Date of Last Report	
				04/18/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
BRANT, JAMES 17568 FAIRMEADOW DRIVE TAMPA FL 33647		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 200002513482--4 City FL			
		Zip Code 05/06/98--01074--003 ****188.75 ****188.75			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	WILLIAM J BRANT JR &	1947 WOODLAWN AVE		GRIFFITH IN	
MEM	ARGY, JOSEPH	17544 FAIRMEADOW DR		TAMPA FL	

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/28/98 813 9731174
Date Daytime Phone #