

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018149 AF

DOCUMENT # L99000004019

1. Entity Name  
PEBBLE CREEK VENTURE II, L.L.C.

FILED

01 FEB 22 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
18530 PEBBLE LAKE COURT  
TAMPA FL 33647

Mailing Address  
18530 PEBBLE LAKE COURT  
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3588593

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANT, JAMES E  
18530 PEBBLE LAKE COURT  
TAMPA FL 33647

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
WILLIAM J. BRANT, JR. AND ASSOCIATES  
1947 WOODLAWN AVENUE  
GRIFFITH IN 46319

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200003782832-2  
-02/27/01-01078-012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
BRANT, JAMES E  
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TAMPA FL 33647

☐ Delete

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/17/2001 8135941008

Date

Daytime Phone #

CR2E083 (11/00)