

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90064 028 \*\*\*\*50.00

**DOCUMENT # L99000009094**

1. Entity Name  
**PEBBLE CREEK ENTERPRISES, LLC**



Principal Place of Business  
**19651 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33647**

Mailing Address  
**8911 REGENTS PARK DR., #550  
TAMPA, FL 33647**

2. Principal Place of Business  
**8911 REGENTS PARK DR.**

3. Mailing Address

Suite, Apt. #, etc.  
**550**

Suite, Apt. #, etc.

City & State  
**TAMPA, FL**

City & State

Zip  
**33647**

Country

Zip

Country

01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**59-2915758**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUSCINO, HENRY JR.  
8911 REGENT'S PARK DRIVE, SUITE 550  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRUSCINO, HENRY JR.  
8911 REGENTS PARK DRIVE, #500  
TAMPA, FL 33647**

☐ Delete

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

**HENRY BRUSCINO JR.**

**1/12/06**

**813-973-4155**