2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State DØCUMENT # P98000024117 PEBBLE HILL APARTMENTS, INC. Principal Place of Business Mailing Address 1318 N. MONROE STREET -1318 N. MONROE STREET SUITE E SUITE E TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 04182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3497597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATTERSON, TODD A DO NOT WRITE 1318 N. MONROE STREET SUITE E IN THIS SPACE TALLAHASSEE, FL 32303 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 reinstalling) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PATTERSON, TODD A STREET ADDRESS 1318 N. MONROE STREET 04/20/05-80055-005 150.00 CITY-SY-ZIP TALLAHASSEE, FL 32303 MILE PATTERSON, ROSE M NAME STREET ADDRESS 1318 N. MONROE STREET CITY-ST-ZIP TALLAHASSEE, FL 32303 MILE NAME CRONA, WILLIAM D STREET ADDRESS 2727 APALACHEE PARKWAY DO NOT WRITE CITY-ST-ZIP TALLAHASSEE, FL 32301 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

850)222-4801