

A 02000000149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

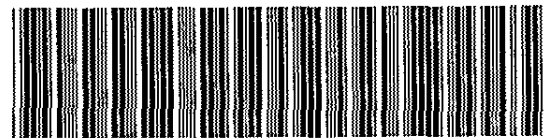
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 519340 4332380

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 33.75

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ORDER DATE : March 24, 2004

ORDER TIME : 2:10 PM

ORDER NO. : 519340-005

CUSTOMER NO: 4332380

CUSTOMER: Tereina R. Stidd, Esq.
Michael R. Storace, P.a.

Suite 1607
9100 South Dadeland Blvd.
Miami, FL 33156

DOMESTIC FILING

NAME: PENSION 1800 ASSOCIATES, LLLP

EFFECTIVE DATE:

XX STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED
LIMITED LIABILITY LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX _____ PLAIN STAMPED COPY
- xx _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Pension 1800 Associates, Ltd.

Insert limited partnership's Florida document number: A02000000149
or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Pension 1800 Associates, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: Same as recorded address.
(if different from current recorded address): _____

4. The street address of principal office in Florida: Same as above.
(if different from above) _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

as of the date this document is filed with the Florida Secretary of State
or
 a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:

Michael R. Storace

9100 South Dadeland Blvd., Suite 1607

Miami

Florida 33156

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 28th day of January, 2004.

Signature of TWO Partners:

Wayne K. Masur, as Manager
PENSION 1800 ASSOCIATES, L.L.P.

Typed or printed names of partners signing above: Wayne K. Masur, as Manager

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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