


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000149

1. Entity Name
PENSION 1800 ASSOCIATES, LTD.



| | |
|--|--|
| Principal Place of Business 9100 SOUTH DADELAND BLVD., SUITE 1607 MIAMI, FL 33156 | Mailing Address 9100 SOUTH DADELAND BLVD., SUITE 1607 MIAMI, FL 33156 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



02092004 Chg-LP CR2E003 (10/03)

| | | | |
|---|---------------------------------------|-----------|----------|
| 4. FEI Number 01-0583728 | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | |
| 7. Name and Address of New Registered Agent | | | |
| Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | |
| <table border="1"> <tr> <td>FL</td> <td>Zip Code</td> </tr> </table> | | FL | Zip Code |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | |
|---|---|
| 9. Capital Contributions as Shown on record. \$20,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|---|--------------------------|---|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | L02000002349 PENSION 1800 INVESTORS, L.L.C. 5975 SUNSET DRIVE, SUITE 504 MIAMI, FL 33143 | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | U00000111148 04/13/04 03304-013 526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Nancy M. Russell* **3-12-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #