
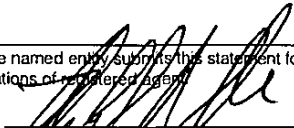
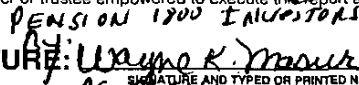
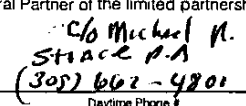


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 MAR 11 AM 10:23

DOCUMENT # A0200000149					
1. Entity Name PENSION 1800 ASSOCIATES, LLLP					
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 4720 Lejune Road Suite, Apt. #, etc.		3. Mailing Address 4720 Lejune Road Suite, Apt. #, etc.			
City & State Coral Gables, Fl.		City & State Coral Gables, Fl.		4. FEI Number 01-0583728	
Zip 33146		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STORAGE, MICHAEL R 9100 SOUTH DADELAND BLVD., SUITE 1607 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Michael R. Storace Street Address (P.O. Box Number is Not Acceptable) 4720 Lejune Road City Coral Gables FL Zip Code 33146		
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 a registered agent. SIGNATURE:  Michael R. Storace DATE: 3-9-05					
9. Capital Contributions as Shown on record. \$20,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L02000002349		STREET ADDRESS	200042861668	
NAME	PENSION 1800 INVESTORS, L.L.C.		CITY-ST-ZIP	03/22/05--01041--011 **526.25	
STREET ADDRESS	5975 SUNSET DRIVE, SUITE 504				
CITY-ST-ZIP	MIAMI, FL 33143				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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:  Wayne K. Moore			Date: 3-9-05		 Michael R. Storace (305) 662-4801

STAPLE CHECK HERE