


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 8:25

DOCUMENT # A02000000149					
1. Entity Name PENSION 1800 ASSOCIATES, LLLP					
Principal Place of Business 4720 LEJUNE ROAD CORAL GABLES, FL 33146			Mailing Address 4720 LEJUNE ROAD CORAL GABLES, FL 33146		
2. Principal Place of Business 4800 Le Jeune Road		3. Mailing Address 4800 Le Jeune Road			
Suite, Apt. #, etc.		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 STORACE, MICHAEL R 4720 LEJUNE ROAD CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Michael R. Storace Street Address (P.O. Box Number is Not Acceptable) 4800 Le Jeune 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 registered agent.					
SIGNATURE <i>Michael R. Storace</i>				DATE 3/13/06	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	L02000002349		STREET ADDRESS	4800 Le Jeune Road	
NAME	PENSION 1800 INVESTORS, L.L.C.		CITY-ST-ZIP	Coral Gables, Fl. 33146	
STREET ADDRESS	5975 SUNSET DRIVE, SUITE 504		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	000069543410	
NAME			CITY-ST-ZIP	04/05/06--01038--005 **500.00	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
PENSION 1800 INVESTORS, L. L. C., as General Partner					
SIGNATURE: <i>Wayne K. Masur</i> WAYNE K. MASUR, MGR					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	
				Daytime Phone #	

STAPLE CHECK HERE

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