


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 52

DOCUMENT # A02000000149		
1. Entity Name PENSION 1800 ASSOCIATES, LLLP		

Principal Place of Business 4800 LE JEUNE RD CORAL GABLES, FL 33146	Mailing Address 4800 LE JEUNE RD CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-LP	CR2E003 (12/06)
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 STORACE, MICHAEL R 4800 LE JEUNE RD CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	
DOCUMENT #	L02000002349
NAME	PENSION 1800 INVESTORS, L.L.C.
STREET ADDRESS	4800 LE JEUNE RD
CITY-ST-ZIP	CORAL GABLES, FL 33146
DOCUMENT #	
NAME	
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05/16/08--01012--027 **500.00

DO NOT WRITE IN THIS SPACE

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., BY:
SIGNATURE: Wayne K. Masur, as MANAGER 1/23/08
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #