
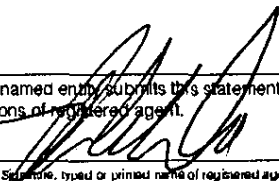
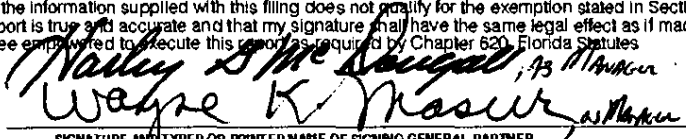


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0200000149					
1. Entity Name PENSION 1800 ASSOCIATES, LTD.					
Principal Place of Business 5975 SUNSET DRIVE, SUITE 504 MIAMI, FL 33143			Mailing Address 5975 SUNSET DRIVE, SUITE 504 MIAMI, FL 33143		
2. Principal Place of Business 9100 South Dadeland Blvd. Suite, Apt. #, etc. Suite 1607 City & State Miami, Florida Zip 33156		3. Mailing Address 9100 South Dadeland Blvd. Suite, Apt. #, etc. Suite 1607 City & State Miami, Florida Zip 33156		DUE BY MAY 1 2003	
				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 STORAGE, MICHAEL R 6975 SUNSET DRIVE, SUITE 504 MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Michael R. Storage Street Address (P.O. Box Number Is Not Acceptable) 9100 South Dadeland Boulevard Suite 1607 City Miami, FL Zip Code 33156		
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 5/20/03					
9. Capital Contributions as Shown on record. \$20,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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		
NAME	PENSION 1800 INVESTORS, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	6975 SUNSET DRIVE, SUITE 504			000019870230	
CITY-ST-ZIP	MIAMI, FL 33143			05/27/03 01025 012 **528.25	
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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:  DATE MAY 22, 03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
				Daytime Phone #	

STAPLE CHECK HERE

CR2E003 (10/02)