

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000667

1. Entity Name
PENSION PLAN ASSOCIATES, LTD.

FILED

02 JUN 14 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O SUGARMAN & SUSSKIND, P.A. 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134	Mailing Address C/O SUGARMAN & SUSSKIND, P.A. 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address	4. FEI Number APPLIED FOR		Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY MAY 1, 2002		
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent SUSSKIND, HOWARD S C/O SUGARMAN & SUSSKIND, P.A. 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$18,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	L00000004343 PENSION BAY INVESTMENTS, L.L.C. 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134	STREET ADDRESS CITY-ST-ZIP	800005825388--3 -06/19/02--01004--002 ****526.25 ****526.25
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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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**
Date: **4/30/02** Daytime Phone #: **305/529-2801**

CR2E003 (9/01)