

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A00000000667

1. Entity Name
PENSION PLAN ASSOCIATES, LLLP



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3639979

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STORACE, MICHAEL R
9100 S. DADELAND BLVD.
STE. 1607
MIAMI, FL 33156-7817

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 registered agent.

SIGNATURE

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

Michael R. Storace

3/9/05

DATE

9. Capital Contributions
as Shown on record. \$18,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # L00000004343
NAME PENSION BAY INVESTMENTS, L.L.C.
STREET ADDRESS 2801 PONCE DE LEON BLVD., SUITE 750
CITY-ST-ZIP CORAL GABLES, FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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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. Masou
As Manager

Date

Daytime Phone #

3-9-05
Michael R. Storace
(305) 662-4801

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