A0000000667

(Requesto	r's Name)	
	(Address)		
	(Address)		
((City/State	/Zip/Phone	#)
PICK-UP		WAIT	MAIL
(Business	Entity Name	e)
	(Documen	t Number)	
Certified Copies	;	Certificates	of Status
Special Instructions	to Filing (Officer:	
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SECRETARY OF STATE

LAW OFFICES OF

MICHAEL R. STORACE, P.A.

4720 LE JUNE ROAD CORAL GABLES, FLORIDA 33:46 (305) 662-4800 FAX NO. (305) 667-0940

December 28, 2005

Division of Corporations
Registration Section, Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Federal Express: 8525 1931 8273

RE: Pension Plan Associates, LLLP O/F#20-0006/2

Dear Sir or Madam:

Enclosed please find the following in order to dissolve Pension Plan Associates, LLLP ("Associates").

- (1) Cover Letter to the Registration Section, Division of Corporations for Associates.
- (2) Certificate of Cancellation for Associates.
- (3) Check #14890 in the sum of \$61.25 (which is for the Filing Fees and Certificate of Status).
- (4) Self-addressed stamped envelope.

Please have the following recorded and return to us the Certificate of Status. If you have any questions please let us know.

Sincerely,

Glenda M. Bulnes, Paralegal

1136gbyr05

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: PENSION PLAN ASSOCIATES, LLLP
SUBJECT: PENSION PLAN ASSOCIATES, LLLP (Name of Limited Partnership)
DOCUMENT NUMBER: A0000000667
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL R. STORACE
(Name of Person)
MICHAEL R. STORACE, P. A. (Firm/Company)
(Firm/Company)
4720 Le Jeune Road
(Address)
Coral Gables, Florida 33146 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call: MICHAEL R. STORACE (Name of Person) (Name of Person) (Name of Person) (Name of Person)
SA 2
MICHAEL R. STORACE at (305) 662-4800 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Felson)
To alread in a cheal fronth following amounts
Enclosed is a check for the following amount:
S52.50 Filing Fee S61.25 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) S61.25 Filing Fee Scriffied Copy (Certificate of Status Scriffied Copy (additional copy is enclosed)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Control Corporations Control Corporations Clifton Building Control Corporations Control Control Corporations Control Contr

CERTIFICATE OF CANCELLATION FOR

PENSION PLAN ASSOCIATES, LLLP

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on April 19, 2000 hereby submits this Certificate of Cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

Completion of Partnership business and Unanimous Written Consent of all Partners.

SECOND: This Certificate of Cancellation shall be effective at the time of its filing and Department of State.

THIRD: Signatures of all general partners:

PENSION BAY INVESTMENTS, L. L. C.

1: Wayne K Masur

Y: Nachy XI M hlougass