2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000667

1. Entity Name
PENSION PLAN ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
C/O SUGARMAN & SUSSKIND, P.A.	C/O SUGARMAN & SUSSKIND, P.A.
2801 PONCE DE LEON BLVD., SUITE 750	2801 PONCE DE LEON BLVD., SUITE 750
CORAL GABLES FL 33134	CORAL GABLES FL 33134

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip — Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip — Country

4. FEI Number APPLIED FOR — Applied For / Not Applicable

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

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

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.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000004343	STREET ADDRESS	
NAME	PENSION BAY INVESTMENTS, L.L.C.		
STREET ADDRESS	2801 PONCE DE LEON BLVD., SUITE 750		
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	300019870203 05/27/03--01026--010 **526.25
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STAPLE CHECK HERE

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 REQUIRED — MAY 22 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #