
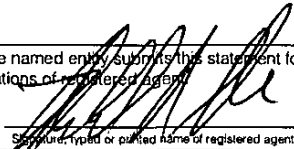
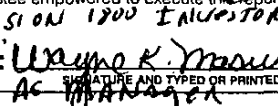


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 11 AM 10:23

DOCUMENT # A02000000149					
1. Entity Name PENSION 1800 ASSOCIATES, LLLP					
Principal Place of Business 9100 SOUTH DADELAND BLVD., SUITE 1607 MIAMI, FL 33156			Mailing Address 9100 SOUTH DADELAND BLVD., SUITE 1607 MIAMI, FL 33156		
2. Principal Place of Business 4720 Lejune Road			3. Mailing Address 4720 Lejune Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Coral Gables, Fl.			City & State Coral Gables, Fl.		
Zip 33146		Country USA	Zip 33146		Country USA
6. Name and Address of Current Registered Agent  STORACE, MICHAEL R 9100 SOUTH DADELAND BLVD., SUITE 1607 MIAMI, FL 33156			4. FEI Number 01-0583728		
			Applied For <input type="checkbox"/> Not Applicable		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
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  Michael R. Storace 3-9-05					
DATE					
9. Capital Contributions as Shown on record. \$20,000,000.00			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 #	L02000002349		STREET ADDRESS	200042861668	
NAME	PENSION 1800 INVESTORS, L.L.C.		CITY-ST-ZIP	03/22/05--01041--011 **526.25	
STREET ADDRESS	5975 SUNSET DRIVE, SUITE 504				
CITY-ST-ZIP	MIAMI, FL 33143				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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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:  Wayne K. Morris 3-9-05					
Date					
Daytime Phone #					

STAPLE CHECK HERE