

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A02000000149

1. Entity Name
PENSION 1800 ASSOCIATES, LLLP



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 52

Principal Place of Business
**4800 LE JEUNE RD
CORAL GABLES, FL 33146**

Mailing Address
**4800 LE JEUNE RD
CORAL GABLES, FL 33146**



01082008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0583728

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
4800 LE JEUNE RD
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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 # **L02000002349**
NAME **PENSION 1800 INVESTORS, L.L.C.**
STREET ADDRESS **4800 LE JEUNE RD**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

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200129675662
05/16/08--01012--027 **500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

PENSION 1800 INVESTORS, L. L. C., BY:

SIGNATURE:

Wayne K. Masur, as MANAGER 1/23/08

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #