

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000149

1. Entity Name  
**PENSION 1800 ASSOCIATES, LTD.**



Principal Place of Business  
5975 SUNSET DRIVE, SUITE 504  
MIAMI, FL 33143

Mailing Address  
5975 SUNSET DRIVE, SUITE 504  
MIAMI, FL 33143

FILED

03 MAY 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
9100 South Dadeland Blvd.

3. Mailing Address  
9100 South Dadeland Blvd.

Suite, Apt. #, etc.  
Suite 1607

Suite, Apt. #, etc.  
Suite 1607

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip Country  
33156

Zip Country  
33156

DUE BY MAY 1, 2003

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  
6975 SUNSET DRIVE, SUITE 504  
MIAMI, FL 33143

## 7. Name and Address of New Registered Agent

Name  
Michael R. Storace  
Street Address (P.O. Box Number is Not Acceptable)  
9100 South Dadeland Boulevard  
Suite 1607  
City  
Miami, FL Zip Code  
33156

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

5/20/03  
DATE

9. Capital Contributions  
as Shown on record. \$20,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 6975 SUNSET DRIVE, SUITE 504  
CITY-ST-ZIP MIAMI, FL 33143

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CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
05/27/03 01025-012 \*\*528.25

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. Masur* *May 22, 03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #

CR2E003 (10/02)

STAPLE CHECK HERE