

2000 UNIFORM BUSINESS REPORT (UBR)

0004325 : AF

DOCUMENT # **A97000002657**

1. Entity Name
PENSION PLAN PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

Principal Place of Business
**2801 PONCE DE LEON BLVD., SUITE 750
CORAL GABLES FL 33134**

Mailing Address
**2801 PONCE DE LEON BLVD., SUITE 750
CORAL GABLES FL 33134-6920**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0824332 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| SUSSKING, HOWARD S %SUGARMAN AND SUSSKIND, P.A. 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134 | | | | Name SUSSKIND, HOWARD S. | | | |
| | | | | 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$10,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO 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 | | 13. ADDRESS CHANGES ONLY | |
|---|--|--------------------------|--------------------------------|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | L97000001187 PENSION PLAN INVESTORS COMPANY, L.C. % 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134 | STREET ADDRESS | |
| | | CITY - ST - ZIP | 600003245336--1 |
| | | | -05/09/00-01111-021 |
| | | | *****526.25 *****526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS | |
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| | | 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: **SIGNATURE REQUIRED** **4/24/00** **(605) 529-2801**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CPRE 0001 (09/99)