

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004230

Entity Name: FLORIDA PENSIONS, LLC

FILED
Mar 12, 2004
Secretary of State

Current Principal Place of Business:

ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD 3570
MIAMI, FL 33131

New Principal Place of Business:

2 SOUTH BISCAYNE BLVD.
3570
MIAMI, FL 33131 US

Current Mailing Address:

ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD 3570
MIAMI, FL 33131

New Mailing Address:

2 SOUTH BISCAYNE BLVD.
3570
MIAMI, FL 33131 US

FEI Number: 65-1005441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, LAWRENCE J
2 SOUTH BISCAYNE BLVD STE 3570
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

KING, LAWRENCE J
2 SOUTH BISCAYNE BLVD
3570
MIAMI, FL 33131 US

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: LAWRENCE J. KING

03/12/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KING, LAWRENCE J
Address: 2 SOUTH BISCAYNE BLVD STE 3570
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: ROTH, IRIS J
Address: S SOUTH BISCAYNE BLVD STE 3570
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAWRENCE J. KING

MGRM

03/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date