

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004230

Entity Name: FLORIDA PENSIONS, LLC

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD.
3570
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

2 SOUTH BISCAYNE BLVD.
3570
MIAMI, FL 33131 US

New Mailing Address:

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
3570
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

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

M

01/05/2005

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