2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004230

Entity Name: FLORIDA PENSIONS, LLC

FILED Mar 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2 SOUTH BISCAYNE BLVD. 3570

MIAMI, FL 33131 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

KING, LAWRENCE J LAWRENCE J. KING, PA
2 SOUTH BISCAYNE BLVD
3570
MIAMI, FL 33131 US
LAWRENCE J. KING, PA
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, PA 03/16/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 KING, LAWRENCE J
 Name:

 Address:
 2 SOUTH BISCAYNE BLVD STE 3570
 Address:

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: ROTH, IRIS J Name: ROTH, IRIS J

Address: S SOUTH BISCAYANE BLVD STE 3570 Address: 2 SOUTH BISCAYNE BLVD STE 3570

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 03/16/2006