[redacted]

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

PLEA U2/

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 19 PM 1:38

DOCUMENT # L00000004230

1. Entity Name
FLORIDA PENSIONS, LLC

Principal Place of Business	Mailing Address
~~1 BISCAYNE BLVD~~ ONE BISCAYNE TOWER	~~1 BISCAYNE BLVD~~ ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD 3570	2 SOUTH BISCAYNE BLVD 3570
~~MIAMI FL 33131~~	MIAMI FL 33131

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ~~APPLIED FOR~~ 65-1005441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name KING LAWRENCE J.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LAWRENCE J. KING 1/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE ~~MGR~~ Mgrm / NAME KING, LAWRENCE J / STREET ADDRESS 2 SOUTH BISCAYNE BLVD STE 3570 / CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE → ~~MEMBER~~ / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE ~~MGR~~ Mgrm / NAME ROTH, IRIS J / STREET ADDRESS S SOUTH BISCAYANE BLVD STE 3570 / CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE → ~~MEMBER~~ / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

3/19/03 Lawrence King called, added "Mgrm" for each person up

CR2E083 (10/02)

11. 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 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: ~~SIGNATURE REQUIRED~~ LAWRENCE J. KING 1/31/03 305 371-1849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #