2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State 03-14-2005 90594 024 ****50.00 **DOCUMENT # L00000004343** PENSION BAY INVESTMENTS, L.L.C. としいないないしょ Principal Place of Business Mailing Address C/O HOWARD S. SUSSKIND C/O HOWARD S. SUSSKIND 2801 PONCE DE LEON BLVD., SUITE 750 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112005 Chq-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-1001936 Not Applicable Zip Country Country \$5.00 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael R. Storace STORACE, MICHAEL R Street Address (P.O. Box Number is Not Acceptable) 4720 Lejune Road 9100 S DADELAND BLVD STE 1607 MIAMI, FL 33156-7817 Coral Gables FL 33146 8. The above name 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 obligation Storace SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10 to Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State Mary Transfer Co. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE ☐ Change ■ Addition MASUR, WAYNE K NAME STREET ADDRESS 2680 HUNTER CT. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33331 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME SCOTT, KENNETH E NAME STREET ADDRESS 13185 NW 45TH AVE STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33054 CITY-ST-ZIP MGR TITLE Delete TELLE Change ☐ Addition MCDOUGALL, HÄRLEY NAME NAME 20375 NW 15TH CT STREET ADDRESS STREET ADORESS MIAMI, FL 33179 CITY-ST-ZIP CITY-ST-ZIP MGR MGR XX Delete TITI E ☐ Addition TITLE XI Change Marvel, William TAMARRO, ERNEST NAME NAME 2225 N. W. 76 Street STREET ADDRESS 14945 NW 25TH CT STREET ADDRESS CITY-ST-ZIP Miami, F1. 33247 OPA LOCKA, FL 33054 CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change RILEY, WILLIAM NAME NAME STREET ADDRESS 1657 NW 17TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 City-ST-ZIP MGR Delete TITLE ☐ Addition TITLE Change NAME MAXWELL, JACK NAME 10125 NW 116 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEDLEY, FL 33178 CITY-ST-ZIP 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.

FILED Mar 14, 2005 8:00 am

> C/6 Michael R STONACP (305) 666-4801

> > Daytime Phone #

3-9-05

ATTACHMENT

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LAW OFFICES OF 47 C MICHAEL R. STORACE, P. A. 4720 LE JUNE ROAD CORAL GABLES, FLORIDA 33146 (305) 662 – 4800 (305) 667 – 0940

March 9, 2005

Division of Corporations P. O. Box 6198 Tallahassee, Florida 32314

RE: Pension Bay Investments, L. L. C. O/F#20-0007/2

Dear Sir or Madam:

Enclosed please find the following:

- (1) Completed 2005 Limited Liability Company Annual Report for Pension Bay Investments, L. L. C. ("Investments").
- (2) Check #135 in the sum of \$50.00 for the filing fees for the Annual Report for Investments.

Kindly please file the Annual Report. If you need anything further please let us know.

Sincerely.

Michael R. Storace, Esq.

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