

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90081 043 \*\*\*\*50.00

0015797

**DOCUMENT # L00000004343**

1. Entity Name

**PENSION BAY INVESTMENTS, L.L.C.**



Principal Place of Business

Mailing Address

**C/O HOWARD S. SUSSKIND  
2801 PONCE DE LEON BLVD., SUITE 750  
CORAL GABLES FL 33134**

**C/O HOWARD S. SUSSKIND  
2801 PONCE DE LEON BLVD., SUITE 750  
CORAL GABLES FL 33134**

**10106408**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1001936**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUSSKIND, HOWARD S  
2801 PONCE DE LEON BLVD., SUITE 750  
CORAL GABLES FL 33134**

Name

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

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** ☐ Delete  
NAME **ACRA LOCAL 725 PENSION TRUST FUND**  
STREET ADDRESS **13185 N.W. 45TH AVENUE**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **SOUTH FLORIDA ELECTRICAL WORKER'S PENSION**  
STREET ADDRESS **2801 PONCE DE LEON BLVD., SUITE 750**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **PLUMBER'S LOCAL UNION-519 PENSION FUND**  
STREET ADDRESS **2801 PONCE DE LEON BLVD., SUITE 750**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **SOUTH FLORIDA CARPENTERS PENSION PLAN**  
STREET ADDRESS **2801 PONCE DE LEON BLVD., SUITE 750**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **SHEET METAL WORKERS LOCAL UNION #32 PENSIO**  
STREET ADDRESS **2801 PONCE DE LEON BLVD., SUITE 750**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**5/15/03 305/522-2801**

CR2E083 (10/02)