

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000002349**

1. Entity Name  
PENSION 1800 INVESTORS, L.L.C.



Principal Place of Business  
9100 S DADELAND BLVD  
SUITE 1607  
MIAMI, FL 33156

Mailing Address  
9100 S DADELAND BLVD  
SUITE 1607  
MIAMI, FL 33156



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

02062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
01-0583719

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

STORAGE, MICHEAL R  
9100 S DADELAND BLVD  
SUITE 1607  
MIAMI, FL 33156

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MASUR, WAYNE K ☐ Delete  
STREET ADDRESS 2680 HUNTER CT  
CITY-ST-ZIP WESTON, FL 33331

TITLE MGR  
NAME SMITH, ROY V JR ☐ Delete  
STREET ADDRESS 13185 NW 45 ST  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE MGR  
NAME ORR, DOUGLAS ☐ Delete  
STREET ADDRESS 301 FLAGLER DR  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE MGR  
NAME TRUCKS, PHIL JR ☐ Delete  
STREET ADDRESS 14105 NW 58 CT  
CITY-ST-ZIP MIAMI LAKES, FL 33015

TITLE MGR  
NAME MCDUGALL, HARLEY G ☐ Delete  
STREET ADDRESS 20375 NE 15 CT  
CITY-ST-ZIP N MIAMI BEACH, FL 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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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 #

3-12-04