

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000002349**

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



Principal Place of Business

**4800 LE JEUNE ROAD  
CORAL GABLES, FL 33146 US**

Mailing Address

**4800 LE JEUNE ROAD  
CORAL GABLES, FL 33146 US**



01102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**01-0583719**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STORAGE, MICHEAL R  
4800 LE JEUNE ROAD  
CORAL GABLES, FL 33146**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

U000000738396  
05/11/07-80067-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASUR, WAYNE K 2680 HUNTER CT WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, KENNETH E 13185 NORTHWEST 45 AVENUE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORR, DOUGLAS 301 FLAGLER DR MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUCKS, PHIL JR 14105 NW 58 CT MIAMI LAKES, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDUGALL, HARLEY G 20375 N.E. 15 CT. N MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: BY: Wayne K. Masur** Wayne K. Masur, as Manager

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

Date

Daytime Phone #

4/25/07 (954)328-6788