
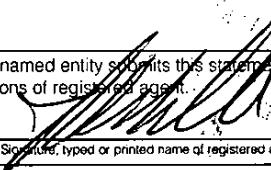


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90079 028 ***138.75

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0583719	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STORACE, MICHAEL R 4800 LE JEUNE ROAD CORAL GABLES, FL 33146				Name MICHAEL R. STORACE Street Address (P.O. Box Number is Not Acceptable) 4800 LE JEUNE ROAD City CORAL GABLES FL Zip Code 33146	
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 				DATE 1/22/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASUR, WAYNE K		NAME		
STREET ADDRESS	2680 HUNTER CT		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, KENNETH E		NAME		
STREET ADDRESS	13185 NORTHWEST 45 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORR, DOUGLAS		NAME		
STREET ADDRESS	301 FLAGLER DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUCKS, PHIL JR		NAME		
STREET ADDRESS	14105 NW 58 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33015		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDOUGALL, HARLEY G		NAME		
STREET ADDRESS	20375 N.E. 15 CT.		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Wayne K. Masur as MANAGER 1/23/08

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

Date

Daytime Phone #