

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037192

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** PENSION MANAGEMENT PROPERTIES, LLC

**Current Principal Place of Business:**

8771 PERIMETER PARK COURT  
SUITE 103  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8771 PERIMETER PARK COURT  
SUITE 103  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 20-1132599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATSON, TODD ESQ  
7785 BAYMEADOWS WAY, STE 107  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

WATSON, TODD ESQ  
7785 BAYMEADOWS WAY  
SUITE 107  
JACKSONVILLE, FL 32256 US

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.

SIGNATURE:

04/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DETLEFS, JAY L  
Address: 8771 PERIMETER PARK COURT, SUITE 103  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM ( ) Delete  
Name: DETLEFS, ANN L  
Address: 8771 PERIMETER PARK COURT, SUITE 103  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAY L. DETLEFS

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date