

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003364

FILED
Jul 01, 2004
Secretary of State

Entity Name: PENSION FUND OF AMERICA L.C.

Current Principal Place of Business:

242 LA JENNE RD
MIAMI, FL 33126

New Principal Place of Business:

242 NW LE JEUNNE RD
MIAMI, FL 33126

Current Mailing Address:

242 LA JENNE RD
MIAMI, FL 33126

New Mailing Address:

242 NW LE JEUNNE RD
MIAMI, FL 33126

FEI Number: 65-0954995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNIDE, LUIS M
2655 LE JEUNE RD., PH 1-C
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CORNIDE, LUIS M
242 NW LE JEUNNE RD
MIAMI, FL 33126 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:

07/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CORNIDE, LUIS M
Address: 2655 LE JEUNE RD., PH 1-C
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: ROBERT DELA RIVA,
Address: 2655 LE JEUNE RD., PH 1-C
City-St-Zip: CORAL GABLES, FL 33134

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 Section 119.07(3)(i), 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: LUIS M CORNIDE

MGR

07/01/2004

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