2001 UNIFORM BUSINESS REPO	RT (UBR)	The same consequent to be seen to		
DOCUMENT# LAROUDOUNT	144	FILED	•	
1. Entity Name Pension Services 2000, LLC	•	01 MAY - 1 PM 5: 1	8	
		SECRETARY OF STAT	Œ.	
Principal Place of Business 11201 N - 56 Hu Street 11201 N - 5	6th Street	TALLAHASSEE. FLORI	UA <sub>.</sub>	
Temple Terrace, Florida Temple Ter	race, Floribe			
2. Principal Place of Business , , , 3. Mailing Address	33617			
11201 N.56 th Street 11201 N.56	6 th Street 11201 N.Sb th Street		DO NOT WRITE IN THIS SPACE	
City & State / City & State		4. FEI Number	Applied For	
Emple Terrace Florida Puple Terrail	e Honda Country	59-3590362	Not Applicable  5.00 Additional	
33617 USH 33617	US4	5. Certificate of Status Desired Fe  7. Name and Address of New Registered Age	e Required	
T Bob Houseshops	Name GER	ADR. MANN		
501 East Kennedy Blud. Suite 1700 Street Address (1)		P.O. Box Number is Not Acceptable)  V. 56 Hb Street		
TAMPA FLORID4 33602		,	;	
	Temple	Terrace FL	Zip 50% 617	
8. The above named entity submits this statement for the purpose of changing its r GERALD R. MANN, MANAGING MEV	egistered office or registere IBEAL		<u>.</u>	
SIGNATURE HOLALI CIVE	Registered Agent signature required	when reinstating) DATE	200/	
	VIII FEE IS \$50.00 able to Department of			
9. MANAGING MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES		
ITTLE MGRM BORDHAN, RAYMOND 6: # 450	• (7, 7)	AGING MEMBER, PRESIDENT & ALD R MANN OI N. 56th Street	Change Addition 8	
STREET ADDRESS 4890 WEST KENNEDY BLVD. #450.  TIMUPH FLORIDA 33609	STREET ADDRESS 11/2.	of N. 56th Street Suple Terrace Florida	33617   Change □ Addition   38	
TILE Delete	TITLE NAME		Change	
STREET ADDRESS 501 EAST KENNEDY BLUD # 1700 STYLEST ZIP TAMPA FLEQUIDE 33602	STREET ADDRESS CITY-ST-ZIP	ŧ		
TILE Delete	TITLE		Change	
AME STREET ADDRESS	NAME STREET ADDRESS	<b>3000042740</b> -05/21/01011	933 43001	
ITLE Delete	CITY-ST-ZIP TITLE	<del>******55.00</del>	Change Addition	
AME Treet address	NAME STREET ADDRESS	·		
ITY-ST-ZIP	CITY-ST-ZIP		Change Addition	
ITLE Detete	NAME		Change Addition	
TREET ADDRESS	STREET ADDRESS CITY-ST-ZIP			
TLE Delete	TITLE NAME		Change	
treet address ity-st-zip	STREET ADDRESS CITY-ST-ZIP	,		
I hereby certify that the information supplied with this filing does not qualify for the indicated on this report is true and accurate and that my signature shall have the	came legal effect as if ma	ide under eath: that I am a managing member or i	nat the information manager of the	
Firmited liability company or the receiver or trustee empowered to execute this reposition of the receiver of trustee empowered to execute this reposition of the receiver or trustee empowered to execute this reposition of the receiver or trustee empowered to execute this reposition of the receiver or trustee empowered to execute this reposition of the receiver or trustee empowered to execute this reposition of the receiver or trustee empowered to execute this reposition of the receiver of trustee empowered to execute this reposition of the receiver of trustee empowered to execute this reposition of the receiver of trustee empowered to execute this reposition of the receiver of trustee empowered to execute this reposition of the receiver of trustee empowered to execute this reposition of the receiver of trustee empowered to execute this reposition of the receiver of trustee empowered to execute the receiver of trustee empowered to execute the receiver of the receiver of the receiver of trustee empowered to execute the receiver of the recei	ort as required by Chapter ANA-6/NG MI	r 608, Florida Statutes. MBEL		
SIGNATURE: Aliall R Man		04-24-2001 813-9	85-3298	