


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90148 011 ****50.00

DOCUMENT # L99000004744 1. Entity Name PENSION SERVICES 2000, LLC			
Principal Place of Business 11201 N. 56TH STREET TEMPLE TERRACE, FL 33617		Mailing Address 11201 N. 56TH STREET TEMPLE TERRACE, FL 33617	
2. Principal Place of Business 13065 N. Telecom Pkwy Suite, Apt. #, etc.		3. Mailing Address 13065 N. Telecom Pkwy Suite, Apt. #, etc.	
City & State Temple Terrace FL Zip Country 33637 USA		City & State Temple Terrace FL Zip Country 33637 USA	
4. FEI Number 59-3590362		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01162006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent MANN, GERALD R 11201 N. 56TH ST TEMPLE TERRACE, FL 33617		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13065 N. Telecom Parkway City State Zip Code Temple Terrace FL 33637	
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 <u><i>Gerald R Mann</i></u> DATE <u>1-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM MANN, GERALD R 11201 N. 56TH STREET TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 13065 N. Telecom Parkway Temple Terrace, FL 33637	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Gerald R Mann</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1-26-06</u> Daytime Phone # <u>813-985-3298</u>	