

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000469

1. Entity Name
BROCKWAY FAMILY LIMITED PARTNERSHIP



Principal Place of Business
300 ALMERIA AVENUE
CORAL GABLES FL 33134

Mailing Address
300 ALMERIA AVENUE
CORAL GABLES FL 33134

FILED

03 MAY 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0991489	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MICHAEL B. AXMAN ESQ., C/O ADORNO & ZEDER 2601 S. BAYSHORE DRIVE, STE. 1600 MIAMI FL 33133		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,827,873.00	10. Amount of Capital Contributions in FLORIDA to date. \$3,827,873.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000110638	STREET ADDRESS	
NAME	BROCKWAY FAMILY PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 ALMERIA AVENUE		
CITY-ST-ZIP	CORAL GABLES FL		
DOCUMENT #		STREET ADDRESS	100019320361
NAME		CITY-ST-ZIP	05/19/03-01061-014 **335.00
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 5-13-03 (305) 445-8543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

0001754 AV