

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A14000000056

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC4228139285**

**Entity Name:** GROSSMAN FAMILY LIMITED LIABILTY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1016 FLAGLER AVENUE  
KEY WEST, FL 33040

**Current Mailing Address:**

1016 FLAGLER AVENUE  
KEY WEST, FL 33040

**FEI Number:** 46-4688285

**Certificate of Status Desired:** No

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

G, B & B-B REGISTRIES, LLC  
7301 SW 57TH COURT  
SUITE 560  
SOUTH MIAMI, FL 33143 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # \_\_\_\_\_  
Name GROSSMAN, LILLIAN C TRUSTEE  
Address 1016 FLAGLER AVENUE  
City-State-Zip: KEY WEST FL 33040

Document # \_\_\_\_\_  
Name CAMPBELL, SUSAN L TRUSTEE  
Address 1016 FLAGLER AVENUE  
City-State-Zip: KEY WEST FL 33040

Document # TR  
Name ABRAMS, ROSE A CO-TRUS  
Address 1016 FLAGLER AVENUE  
City-State-Zip: KEY WEST FL 33040

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LILLIAN GROSSMAN

**GENERAL PARTNER**

**01/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date