| Current Prin 1016 FLAGLER KEY WEST, FL | - | | | |
|--|---|-------------------------------|--|-----------|
| Current Mai | ling Address: | | | |
| 1016 FLAGL KEY WEST, | ER AVENUE FL 33040 | | | |
| FEI Number | : 46-4688285 | | Certificate of Status Desired | d: Yes |
| Name and A | Address of Current Registered Agent: | | | |
| G, B & B-B REC 7301 SW 57TH SUITE 560 SOUTH MIAMI, | COURT | | | |
| The above name | d entity submits this statement for the purpose of changing its regi | otorod office or regin | torod agont or both in the State of Eleride | |
| The above hame | a entity submits this statement for the purpose of changing its regis | stered onice of regis | lereu agenii, or boun, în îne State or Fionua. | |
| | E: LILLIAN C GROSSMAN | stered onice of regis | | 2/11/2021 |
| | | stered onice of regis | | |
| SIGNATURE | E: LILLIAN C GROSSMAN | | | 2/11/2021 |
| SIGNATURE | E: LILLIAN C GROSSMAN Electronic Signature of Registered Agent | Document # | | 2/11/2021 |
| SIGNATURE General Par | E: LILLIAN C GROSSMAN Electronic Signature of Registered Agent | | | 2/11/2021 |
| SIGNATURE General Par Document # | E: LILLIAN C GROSSMAN Electronic Signature of Registered Agent | Document # | 0: | 2/11/2021 |
| SIGNATURE General Par Document # Name | E: LILLIAN C GROSSMAN Electronic Signature of Registered Agent Ther Detail : GROSSMAN, LILLIAN C TRUSTEE 1016 FLAGLER AVENUE | Document # Name Address | O: CAMPBELL, SUSAN L TRUSTEE | 2/11/2021 |
| SIGNATURE General Par Document # Name Address | E: LILLIAN C GROSSMAN Electronic Signature of Registered Agent Ther Detail : GROSSMAN, LILLIAN C TRUSTEE 1016 FLAGLER AVENUE | Document # Name Address | O: CAMPBELL, SUSAN L TRUSTEE 1016 FLAGLER AVENUE | 2/11/2021 |
| SIGNATURE General Par Document # Name Address City-State-Zip: | E: LILLIAN C GROSSMAN Electronic Signature of Registered Agent Ther Detail : GROSSMAN, LILLIAN C TRUSTEE 1016 FLAGLER AVENUE KEY WEST FL 33040 | Document # Name Address | O: CAMPBELL, SUSAN L TRUSTEE 1016 FLAGLER AVENUE | 2/11/2021 |
| SIGNATURE General Par Document # Name Address City-State-Zip: Document # | E: LILLIAN C GROSSMAN Electronic Signature of Registered Agent Ther Detail : GROSSMAN, LILLIAN C TRUSTEE 1016 FLAGLER AVENUE KEY WEST FL 33040 TR | Document # Name Address | O: CAMPBELL, SUSAN L TRUSTEE 1016 FLAGLER AVENUE | 2/11/2021 |
| SIGNATURE General Par Document # Name Address City-State-Zip: Document # Name | E LILLIAN C GROSSMAN Electronic Signature of Registered Agent Ther Detail : GROSSMAN, LILLIAN C TRUSTEE 1016 FLAGLER AVENUE KEY WEST FL 33040 TR ABRAMS, ROSE A CO-TRUS 1016 FLAGLER AVENUE | Document # Name Address | O: CAMPBELL, SUSAN L TRUSTEE 1016 FLAGLER AVENUE | 2/11/2021 |

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

Electronic Signature of Signing General Partner Detail

2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

Entity Name: GROSSMAN FAMILY LIMITED LIABILTY LIMITED PARTNERSHIP

DOCUMENT# A1400000056

02/11/2021

FILED Feb 11, 2021

Secretary of State

7203326083CC

Date