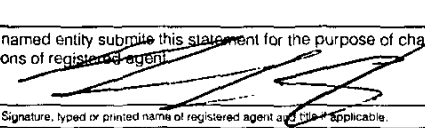
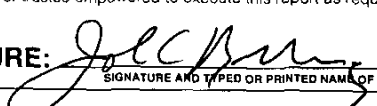


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 29 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04202005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0991489	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHAEL B. AXMAN ESQ., C/O ADORNO & ZEDER 2601 S. BAYSHORE DRIVE, STE. 1600 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name MICHAEL B. AXMAN, ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ADORNO & YOSS LLP 2525 PONCE DE LEON BLVD., SUITE 400 City CORAL GABLES FL Zip Code 33134	
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 				MICHAEL B. AXMAN, ESQ. 4-20-05 DATE	
9. Capital Contributions as Shown on record. \$3,827,873.00		10. Amount of Capital Contributions in FLORIDA to date. \$3,827,873.00			
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 NAME BROCKWAY FAMILY PARTNERS, INC. STREET ADDRESS 300 ALMERIA AVENUE CITY-ST-ZIP CORAL GABLES, FL			STREET ADDRESS CITY-ST-ZIP		
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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: 				JOHN C. BROCKWAY 4-20-05 (305) 445-8593 DATE Daytime Phone #	

STAPLE CHECK HERE