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	Mailing Address
300 ALMERIA AVENUE CORAL GABLES, FL 33134	300 ALMERIA AVENUE CORAL GABLES, FL 33134

04202005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0991489 ☐ Applied For ☐ Not Applicable

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: 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 [signature] MICHAEL B. AXMAN, ESQ. 4-20-05
Signature, typed or printed name of registered agent and title if applicable. 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	STREET ADDRESS	
NAME	BROCKWAY FAMILY PARTNERS, INC.		
STREET ADDRESS	300 ALMERIA AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES, FL		
DOCUMENT #		STREET ADDRESS	
NAME			
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STAPLE CHECK HERE

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] JOHN C. BROCKWAY 4-20-05 (305) 445-8593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #