

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000000469

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Entity Name:** BROCKWAY FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

300 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

300 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0991489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MICHAEL B. AXMAN ESQ., C/O ADORNO & ZEDER  
2525 PONCE DE LEON BLVD., STE 400  
CORAL GABLES, FL 33134 US

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

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 INFORMATION:**

Document #: P99000110638  
Name: BROCKWAY FAMILY PARTNERS, INC.  
Address: 300 ALMERIA AVENUE  
City-St-Zip: CORAL GABLES, FL

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JOHN C. BROCKWAY JR.

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

04/23/2007

\_\_\_\_\_  
Date