FILED
Apr 22, 2004 08:00 AM
Secretary of State

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A18721

1. Entity Name
BROCKWAY, LTD.

Principal Place of Business
300 ALMERIA AVE.
CORAL GABLES, FL 33134

Mailing Address
300 ALMERIA AVE.
CORAL GABLES, FL 33134

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

3. Mailing Address
Suite, Apt # etc
City & State
Zip | Country

04152004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2513462
Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCKWAY, ROBERT
300 ALMERIA AVE.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P O Box Number is Not Acceptable)
City **FL** Zip Code

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 ______________________ DATE

9. Capital contributions as shown on record: $247,500.00

10. Amount of Capital Contributions in FLORIDA to date: $247,500.00

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 #		STREET ADDRESS	
NAME	BROCKWAY, JOHN		
STREET ADDRESS	175 SOLANO PRADO	CITY ST ZIP	U00000138305 04/23/04 00073 022 535.00
CITY ST ZIP	CORAL GABLES, FL		
DOCUMENT #		STREET ADDRESS	
NAME	BROCKWAY, PAT		
STREET ADDRESS	175 SOLANO PRADO	CITY ST ZIP	
CITY ST ZIP	CORAL GABLES, FL		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY ST ZIP			

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: John C Brockway JOHN C. BROCKWAY 4-15-04 (305) 445-8593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #