

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000000469

**Entity Name:** BROCKWAY FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

300 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

300 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**FEI Number:** 65-0991489

**Certificate of Status Desired:** Yes

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

MICHAEL B. AXMAN ESQ., C/O ADORNO & ZEDER  
300 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

*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 Detail :**

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

*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:** BROCKWAY FAMILY PARTNERSHIP

**PARTNER**

**02/23/2015**

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

\_\_\_\_\_  
Date