

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000412

**Entity Name:** GALLOWAY 206 LIMITED PARTNERSHIP

**Current Principal Place of Business:**

7600 SW 87 AVE  
SUITE 206  
MIAMI, FL 33173

**Current Mailing Address:**

7600 SW 87 AVE  
SUITE 206  
MIAMI, FL 33173 US

**FEI Number:** 27-3207171

**Certificate of Status Desired:** No

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

MARTINI, GREGORY T  
2655 LEJEUNE ROAD  
SUITE 1101  
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 # P10000061363  
Name GALLOWAY GP, INC.  
Address 7600 SW 87 AVE STE 206  
City-State-Zip: MIAMI FL 33173

*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:** COSME GOMEZ

MGRM

02/18/2014

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

\_\_\_\_\_  
Date