

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000097868

**Entity Name:** JACKSON FAMILY PARTNERS, LLC

**Current Principal Place of Business:**

C/O SAM SLATER  
11 SLOAN'S CURVE DRIVE  
PALM BEACH, FL 33480

**Current Mailing Address:**

10 TREMONT ST 5TH FL  
BOSTON, MA 02108 US

**FEI Number:** 75-3258325

**Certificate of Status Desired:** No

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

GY CORPORATE SERVICES, INC.  
600 BRICKELL AVENUE  
SUITE 3500  
MIAMI, FL 33131 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:** MARK SCHEER

04/03/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	SLATER, SAMUEL H	Name	SLATER, JACQUELINE A
Address	10 TREMONT ST 5TH FL	Address	10 TREMONT ST 5TH FL
City-State-Zip:	BOSTON MA 02108	City-State-Zip:	BOSTON MA 02108

*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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOY FLEDELIUS F/B/O SAMUEL SLATER

**AUTHORIZED PERSON**

04/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date