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

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED PERSON

04/14/2016

2016 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

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC. 600 BRICKELL AVENUE SUITE 3500 MIAMI, FL 33131 US

Certificate of Status Desired: No

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			04/14/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
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	

FILED Apr 14, 2016 Secretary of State CC2662419142

Date