


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # N03000011012
 1. Entity Name
 THE ROBERT MUIR FAMILY FOUNDATION, INC.



Principal Place of Business: 850 NE 5 AVE, BOCA RATON, FL 33432
 Mailing Address: 850 NE 5 AVE, BOCA RATON, FL 33432

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01042007 No Chg-NP CR2E037 (4/06)
 4. FEI Number: 20-0531069 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PILOTTE, FRANK T
 340 ROYAL PALM WAY STE 100
 PALM BEACH, FL 33480

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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2007

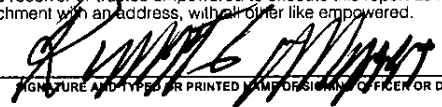
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUIR, ROBERT
STREET ADDRESS	850 NE 5 AVE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	MUIR, ROBIN
STREET ADDRESS	850 NE 5 AVE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	PILOTTE, FRANK
STREET ADDRESS	340 ROYAL PALM WAY STE 100
CITY-ST-ZIP	PALM BEACH, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/10/07-80047-023 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE:  DATE: 1/05/07 DAYTIME PHONE #: 561-392-7777