2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007							
DOCUMENT # A0100001325  1. Entity Name R & D MULLER, LTD.						FILED	
					07 H	AY 24 AM	9.1.2
151 NW 1ST	ee of Business AVE CH, FL 33444	Mailing Address 151 NW 1ST AVE DELRAY BEACH, FL 33444	4		SECR FALLA	ETARY OF S MASSEE, FI	STATE ORIDA
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3300 Sa) 14			& Place				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Uv; + 3			<u> </u>	04252007	Chg-LP	CR2E003 (12	2/06)
BOUNTON BEACH FL BOUNTON			Beach H	4. FEI Number 65-11406	624		Applied For Not Applicable
33426-9034 USA 33426-9034			Country USA	5. Certificate of	Status Desired	□ \$8.75 Fee Re	5 Additional equired
	6. Name and Address of Current R	Name	7. Name and A	ddress of New Re	gistered Agent		
LARRY T. SCHONE, P.A. 72 N.E. FIFTH AVENUE DELRAY BEACH, FL 33483			Street Address (P.O. Box Number is Not Acceptable)				
			151	NW 13	ST Ave	FL Zig	
	named entity submits this statement for tions of registered agent.	the purpose of changing its reg	istered office or registe	exed agent, or both,	in the State of Flo		J / / C C U ! /
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable.				DATE	
		!!! FEE IS \$500.00 007, Fee will be \$900.0	ο				
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12.	GENERAL PARTNER		13.	THE HILLS BE INCO	ADDRESS CHA		
DOCUMENT / NAME STREET ADDRESS	P0100096034 MULLER ASSET MANAGEMENT, 3300 SW 14TH PLACE	STREET ADDRESS	500103639145 				
CITY-ST-ZIP	BOYNTON BEACH, FL 33426903	4	CITY-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	•		CITY-ST-ZIP		<u>.</u>		
DOCUMENT # NAME		Ì	STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP				
DOCUMENT # NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT # NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT \$			STREET ADDRESS		_		
STREET ADJRESS CITY-ST-ZIP			CITY-ST-ZIP		18	Ok.	
14. I hereby indicated	certify that the information supplied with op.this.ceport is true and accurate and t	this filing does not qualify for the hat my signature shall have the	he exemptions contain same legal effect as if	ed in Chapter 119, made under oath: t	Florida Statutes, I	further certify that	it the information

or the receiver or trostee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE;