## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

| Bue By May 1, 2000   |  |                       |        |   | 7  | FILE                        | U            | -                                      |  |  |  |  |                  |  |  |          |  |
|--|--|-----------------------|--------|---|--|-----------------------------|--------------|--|--|--|--|--|------------------|--|--|----------|--|
| DOCUMENT # A01000001325  1. Entity Name R & D MULLER, LTD.   |  |                       |        |   | SECRETARY OF STATE TALLAHASSEE. FLORIDA  08 APR 23 AH 11: 05 |                             |              |  |  |  |  |  |                  |  |  |          |  |
| Principal Place of Business Mailing Address  |  |                       |        |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| 3300 SW 14TH PLACE 3300 SW 14TH PLACE  |  |                       |        |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| SUNIT 3 SUNIT 3  |  |                       | -      |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| BOYNTON BEACH, FL 33426-9034 BOYNTON BEACH, FL 33  |  |                       | 33426- | 9034  | 1 IN NEW (\$ (\$1) 01  |                             |              | n lella ira <b>ni bilitik d</b> i lani |  |  |  |  |                  |  |  |          |  |
| Principal Place of Business - No P.O. Box # 3. Mailing Address   |  |                       |        |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| 2. This part lace of additional from the first season  |  |                       |        |   |  | NIMI IENJI NNJIA KAJAR NNJI |              |  |  |  |  |  |                  |  |  |          |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   |        |   | 04112008   | Chg-LP                      | CR2E00       | 3 (12/06)                              |  |  |  |  |                  |  |  |          |  |
| Uv:+ 3   |  | Uni+ 3                |        |   |  |                             | <u> </u>     |  |  |  |  |  |                  |  |  |          |  |
| City & State   |  | City & State          |        |   | 4. FEI Number 65-1140  |                             |              | Applied For Not Applicable             |  |  |  |  |                  |  |  |          |  |
| Zip  | Country  | Zip                   | Cou    | ntry  | 5. Certificate o   | f Status Desired            |              | 8.75 Additional ee Required            |  |  |  |  |                  |  |  |          |  |
|  | 6. Name and Address of Current                 | Registered Agent      |        |   | 7. Name and A  | ddress of New R             | egistered Aç | jent -                                 |  |  |  |  |                  |  |  |          |  |
| LARRY T. SCHONE, P.A.<br>151 NW 1ST AVENUE<br>DELRAY BEACH, FL 33444-2611  |  |                       |        | Name Street Address (P.O. Box Number is Not Acceptable) |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
|  |  |                       |        |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
|  |  |                       |        |   |  |                             |              |  |  |  |  |  | City FL Zip Code |  |  | Zip Code |  |
| 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 obligat  | tions of registered agent.                     |                       |        |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  |  |                       |        |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| <u></u>  |  | V!!! FEE IS \$500.00  |        |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
|  | <del></del>                                    | 008, Fee will be \$90 |        |   | TEDED AND A  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| 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.  |  |                       |        |   |  |                             |              | ner.                                   |  |  |  |  |                  |  |  |          |  |
| 12.  | GENERAL PARTNEI                                | 13.                   | · ·    | ADDRESS CHANGES ONLY                                    |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| DOCUMENT #   | P01000096034                                   |                       |        | EET ADDRESS   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| NAME   | MULLER ASSET MANAGEMENT, INC.                  |                       |        |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 3300 SW 14TH PLACE BOYNTON BEACH, FL 334269034 |                       | CIT    | Y-ST-ZIP  | 800125114428<br>04/22/0801042010 **500.00                    |                             |              |  |  |  |  |  |                  |  |  |          |  |
| DOCUMENT #   |  |                       |        |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| NAME   |  |                       | SIF    | REET ADDRESS  |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                       | CIT    | Y-ST-ZIP  |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| DOCUMENT #   |  |                       | STF    | REET ADDRESS  |  |                             |              | ,                                      |  |  |  |  |                  |  |  |          |  |
| STREET ADDRESS   |  |                       |        | V 07 7/D  |  | •                           |              |  |  |  |  |  |                  |  |  |          |  |
| CITY-ST-ZIP  |  |                       | CIT    | Y-ST-ZIP  |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| DOCUMENT #<br>NAME   |  |                       | STF    | reet address  |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                       | CiT    | Y-ST-ZIP  |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| DOCUMENT #   |  |                       | STF    | REET ADDRESS  |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                       | CIE    | Y-ST-ZIP  |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| DOCUMENT #   |  |                       | ете    | REET ADDRESS  |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| NAME<br>STREET ADDRESS   |  |                       | ı      |   |  |                             |              | <u> </u>                               |  |  |  |  |                  |  |  |          |  |
| CITY-ST-ZIP  |  |                       |        | Y-ST-ZIP  |  |                             |              |  |  |  |  |  |                  |  |  |          |  |
| 14. 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 is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes |  |                       |        |   |  |                             |              |  |  |  |  |  |                  |  |  |          |  |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: