

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

*FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 23 PM 3:38

DOCUMENT # A03000000034

1. Entity Name
HANDLEMAN-MULLER INVESTMENTS LLLP



Principal Place of Business BANK ONE, N.A. 3399 PGA BLVD., STE. 100 PALM BEACH GARDENS, FL 33410	Mailing Address BANK ONE, N.A. 3399 PGA BLVD., STE. 100 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01212004 Chg-LP CR2E003 (10/03)

4. FEI Number 83-0374612	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GOMOLL, GARY
 BANK ONE, N.A.
 3399 PGA BLVD., STE. 100
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$24,000,000.00	10. Amount of Capital Contributions in FLORIDA to date 20,489,737.77	\$526.25
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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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000000308	STREET ADDRESS	
NAME	HMI, LLC	CITY-ST-ZIP	
STREET ADDRESS	3399 PGA BLVD., STE. 100		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
DOCUMENT #		STREET ADDRESS	600032193046
NAME		CITY-ST-ZIP	04/08/04--01016--011 **535.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Bank One* *Gary G. Gornall* *03/08/2004*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE