

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 22, 2005 8:00 am
Secretary of State

| | | | | | |
|--|------------------------------|--|--|---|--|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 83-0374612 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$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. Bank One GARY WAYNE GOMOLL SIGNATURE _____ By: <u>GARY WAYNE GOMOLL</u> DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable</small> | | | | | |
| 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 | |
| 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 | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| 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: _____ By: <u>GARY WAYNE GOMOLL</u> GARY WAYNE GOMOLL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | Date <u>4/14/05</u> Daytime Phone # _____ | | |

STAPLE CHECK HERE

