

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Feb 27, 2006 08:00 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.

01312006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number

**83-0374612**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMOLL, GARY  
BANK ONE, N.A.  
3399 PGA BLVD., STE. 100  
PALM BEACH GARDENS, FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**000000448087**  
**03/08/06-80082-016 500.00**

**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**  
NAME **HMI, LLC**  
STREET ADDRESS **3399 PGA BLVD., STE. 100**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-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 or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

**Bank One**  
**GARY WAYNE GOMOLL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**02/23/06** **561-799-1120**  
Date Daytime Phone

**GARY WAYNE GOMOLL**