


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

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 - No P.O. Box # JPMORGAN CHASE BANK N.A. Suite, Apt. #, etc. 3399 PGA BLVD, SUITE 100 City & State PALM BEACH GARDENS, FL Zip 33410 Country USA	3. Mailing Address JPMORGAN CHASE BANK N.A. Suite, Apt. #, etc. 3399 PGA BLVD, SUITE 100 City & State PALM BEACH GARDENS, FL Zip 33410 Country USA
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04242007 Chg-LP CR2E003 (12/06)

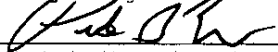
4. FEI Number 83-0374612	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOMOLL, GARY BANK ONE, N.A. 3399 PGA BLVD., STE. 100 PALM BEACH GARDENS, FL 33410
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7. Name and Address of New Registered Agent Name PETER B. TIERNAN Street Address (P.O. Box Number is Not Acceptable) JPMORGAN CHASE BANK N.A. 3399 PGA BLVD, SUITE 100 City PALM BEACH GARDENS FL Zip Code 33410
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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 6/24/07

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	L03000000308 HMI, LLC 3399 PGA BLVD., STE. 100 PALM BEACH GARDENS, FL 33410	STREET ADDRESS CITY-ST-ZIP	
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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:  Peter B. Tiernan 7/25/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

FILED

07 JUN 26 AM 9:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

