2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000877

1. Entity Name

THE MULLER FAMILY PARTNERSHIP, LTD.

FILED

00 JAN 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~64 S.E. 5TH AVENUE~~ ~~DELRAY BEACH FL 33483~~	~~64 S.E. 5TH AVENUE~~ ~~DELRAY BEACH FL 33483-5302~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
88 N.E. 5th Ave.	88 N.E. 5th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach FL	City & State: Delray Beach, FL
Zip: 33483 Country: USA	Zip: 33483 Country: USA

4. FEI Number 65-0591108 ☐ Applied For ☐ Not Applicable

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
SCHMIDT, WILLIAM C ~~64 S.E. 5TH AVENUE~~ ~~DELRAY BEACH FL 33483~~	Name: William C Schmidt Street Address (P.O. Box Number is Not Acceptable): 88 N.E. 5th AVE City: DELRAY Beach FL Zip Code: 33483

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$22,000.00		

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 #	F95000002832	STREET ADDRESS	
NAME	R. P. MULLER, INC.	CITY-ST-ZIP	
STREET ADDRESS	64 S.E. 5TH AVENUE		
CITY-ST-ZIP	DELRAY BEACH FL 33483		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300003115333--8
STREET ADDRESS			-01/31/00--01008--001
CITY-ST-ZIP			****242.75 ****242.75
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: SIGNATURE REQUIRED 1/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #