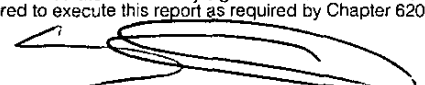


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000000877 1. Entity Name THE MULLER FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 88 N.E. 5TH AVE DELRAY BEACH, FL 33483		Mailing Address 88 N.E. 5TH AVE DELRAY BEACH, FL 33483	
2. Principal Place of Business 3300 SW 14th Place Suite, Apt. #, etc. Unit 3 City & State Boynton Beach, FL Zip 33426-9034 Country USA		3. Mailing Address 3300 SW 14th Place Suite, Apt. #, etc. Unit 3 City & State Boynton Beach, FL Zip 33426-9034 Country USA	
		FILED 04 APR 20 PM 4:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
		04072004 Chg-LP CR2E003 (10/03)	
		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 SCHOWE, LARRY T 72 NE 5TH AVE DELRAY BEACH, FL 33483		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. \$22,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$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	3300 SW 14th Place Unit 3
NAME	R. P. MULLER, INC.	CITY-ST-ZIP	Boynton Beach, FL 33426-9034
STREET ADDRESS	88 NE 5TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
300035830413 05/10/04--01107--003 **242.75			
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: 		Kevin W Muller 4-13-04 561-278-2244 Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #	