2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000000877

1. Entity Name
THE MULLER FAMILY PARTNERSHIP, LTD.

FILED
04 APR 20 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
88 N.E. 5TH AVE DELRAY BEACH, FL 33483	88 N.E. 5TH AVE DELRAY BEACH, FL 33483

04072004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
3300 SW 14th Place	3300 SW 14th Place
Suite, Apt. #, etc.: Unit 3	Suite, Apt. #, etc.: Unit 3
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33426-9034 Country: USA	Zip: 33426-9034 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
SCHOWE, LARRY T 72 NE 5TH AVE DELRAY BEACH, FL 33483	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.	10. Amount of Capital Contributions in FLORIDA to date.
$22,000.00	$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.		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: Kevin Muller 4-13-04 561-278-2814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #