

2006 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2006****DOCUMENT # A95000000877**1. Entity Name
THE MULLER FAMILY PARTNERSHIP, LTD.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:25

Principal Place of Business
3300 SW 14TH PLACE UNIT 3
BOYNTON BEACH, FL 33426-9034
Mailing Address
3300 SW 14TH PLACE UNIT 3
BOYNTON BEACH, FL 33426-9034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number

65-0591108

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

SCHOWE, LARRY T
72 NE 5TH AVE
DELRAY BEACH, FL 33483Name Schone

Street Address (P.O. Box Number is Not Acceptable)

151 NW 1st AveDelray Beach

FL

Zip Code 33444

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**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
NAME R. P. MULLER, INC.
STREET ADDRESS 3300 SW 14TH PLACE UNIT 3
CITY-ST-ZIP BOYNTON BEACH, FL 334269034

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kevin Muller 4-17-06 501-364-2707

Date

Daytime Phone #