


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # A95000000877		
1. Entity Name THE MULLER FAMILY PARTNERSHIP, LTD.		
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 - No P.O. Box #		3. Mailing Address		04252007	Chg-LP	CR2E003 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0591108	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHONE, LARRY T 151 NW 1ST AVENUE DELRAY BEACH, FL 33444		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.

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 #	F95000002832	STREET ADDRESS	
NAME	R. P. MULLER, INC.	CITY-ST-ZIP	
STREET ADDRESS	3300 SW 14TH PLACE UNIT 3		
CITY-ST-ZIP	BOYNTON BEACH, FL 334269034		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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05/17/07-80039-014 500.00

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

Date

Daytime Phone #

John Pennington 4-27-07 561-364-2707