2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012816 AT

DOCUMENT # A95000000877

1. Entity Name
THE MULLER FAMILY PARTNERSHIP, LTD.

FILED
03 APR -24 AM 11:31
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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

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

SCHMIDT, WILLIAM C
88 N.E. 5TH AVE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name: Harry T Schowe
Street Address (P.O. Box Number is Not Acceptable): 72 NE 5th Ave
City: Delray Beach FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Harry T. Schowe — 4/14/03
Signature, typed or printed name of registered agent and title if applicable. — DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$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	
NAME	R. P. MULLER, INC.	CITY-ST-ZIP	
STREET ADDRESS	88 NE 5TH AVE.		
CITY-ST-ZIP	DELRAY BEACH FL 33483		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100016823421
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: [illegible] REQUIRED — 4-16-03 — 561-278-2994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #