2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT

1. Entity Name DALLAS FOODS, LTD.								Secretary of State					
400 EAST SOUTH STREET 40 SUITE 500 SU ORLANDO FL OI				Mailing Address · 400 EAST SOUTH STREET SUITE 500 ORLANDO 32801									
				3. Mailing Address 450 s. Orange avenue Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Sta orlando Zip	DO FL			City & State ORLANDO				59-2991152 Not Ap			Applied For Not Applicable		
32801		Country	3280	ip 1	Country		5. Certificate of Status Desir		of Status Desired	red S8.75 Additional Fee Required			
	6. Name a	nd Address of Curre	ent Regist	ered Agent			7	Name and	Address of New				
BOURNE ROBERT A 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801 US						450 S. O	DURNE ROBERT A treet Address (P.O. Box Number is Not Acceptable) 0 S. ORANGE AVENUE						
						City ORLAN	DO			FL	Zip (Code	
8. The above		ubmits this statemen		arpose of changing its			r registered a		n, in the State of Fl	orida. 02/01/	200 0		
9. Capital Contributions as Shown on record. 3,453,524.00 10. Amount of Capital of in FLORIDA to date						butions 11. MAKE CHECK PAYABLE TO DEPT. OF STAT 453,524.00 SEE REVERSE SIDE FOR FEE INFORMATION IUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					T. OF STATE		
	NOTE: 0	eneral Partners	MAY NO	The changed on t	he form	; an ame	ndment m	ust be filed	i to change a g	eneral part	ner.		
12. GENERAL PARTNER INFORMATION						13. ADDRESS CHANGES ONLY							
DOCUMENT # NAME STREET ADDRESS	1	H PARTNERS, INC		STRE	et address	450 S. OR	S. ORANGE AVENUE						
CITY-ST-ZIP	400 EAST SOUTH ST., #500 ORLANDO			FL	CITY	ST-ZIP	ORLAND	DO FL 32801					
DOCUMENT # VAME					STRE	ET ADORESS							
STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP							
DOCUMENT # NAME STREET ADDRESS					STRE	et address							
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STREET ADDRESS CITY-ST-ZIP					┸	ST-ZIP							
14. Thereby o	certify that the in	formation supplied w	ith this file	an does not qualify for	the aven	antion stat	ad in Caption	n 110 07/0V/X	Clasida Chabatan	1 4	L. 11 1	:- f t'	

DODEDT A DOLIDME DESCRIPENT OF CD

Thereby 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