2002 UNIFURM BUSINESS REPORT (UBR)									
DOCUMENT:# A29442 1. Entity Name									
BASIC VEGETABLE PRODUCTS, LIMITED PARTNERSHIP							FILED		
							02 APR 29 PM 5: 43		
Principal Place of Business Mailing Address					·	SEGRETARY OF STATE TALLAHASSEE FLORIDA			
1255 TREAT	2999 OAK RD.				TALLAHASSEE, FLORIDA				
WALNUT CREEK CA 94596 SUITE 400 WALNUT CREEK CA 94596									
			MACION ONELLY ON 540			180/07/1900 1878 1877 1877 1877 1878 1878 1878 1878 1878 1878 1878 1878 1878 1878			
2. Principal	Place of Busin	ess	3. Mailing Address 2999 OBK R	3. Mailing Address 2999 OAK ROAD					
Suite, Ap	t. #, etc.	# ** -	Suite, Apt. #, etc.				DUE BY MAY 1, 2002		
City & Sta	ite	-	City & State WALNUT CEEEK, CA			4. FEI Numbe	0235300	Applied For Not Applicable	
Zip	Zip Country		94596-2016	Country			of Status Desired	3.75 Additional e Required	
	6Name	and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM					Name				
	PINE ISLAND				Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324									
					City EI Zin Code			Zip Code	
9 The shows around early a triangle					<u> </u>			210 0000	
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.									
SIGNATURE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE									
as Shown on record. \$\\\ 108_12_14.00 in FLORIDA to date					- O - SEE REVERSE SIDE FOR FEE INFORMATION				
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 #	P27572 BVP, INC.				ET ADDRESS	2000054815426 -05/07/0201067022 ****141.25 ****141.25			
NAME STREET ADDRESS									
CITY-ST-ZIP	WALNUT C	016	CITY-		****141.25 ****141.25		***141.25		
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CITY-ST-ZIP				CITY-	-ST-ZIP				
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NAME Street address			Į.						
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DOCUMENT #		-		STREE	T ADDRESS				
NAME ~; STREET AQDRESS				27712.0				· ·	
CITY-ST-ZIP				CITY-	ST-ZIP				
14. I hereby c	ertify that the	information supplied w	rith this filing does not qualify for	the exen	nption stated in S	Section 119.07(3)(i),	Florida Statutes. I further certify t	hat 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER