

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 19 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # B01000000420
1. Entity Name
ILLES FOOD INGREDIENTS, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5527 Redfield St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 35412 Suite, Apt. #, etc.	
City & State Dallas Tx		City & State Dallas, Tx	
Zip 75235	Country USA	Zip 75235	Country USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 75-1518491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **John Penn**

Street Address (P.O.-Box Number is Not Acceptable)
2301 Fairmount Avenue

City **Lakeland** FL Zip Code **33803**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 0	10. Amount of Capital Contributions in FLORIDA to date. 0	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	m01000002756 First Illes Investments, LLC 5527 Redfield St. Dallas, TX 75235	STREET ADDRESS CITY-ST-ZIP 500005909895--9 -06/21/02--01072--001 ****141.25 ****141.25
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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: Linda J. Mullin VP of Administration 5-7-02 214-631-8350

CR2E003B (12/01)