


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017429 AT

<b>DOCUMENT #</b> B01000000420 1. Entity Name <b>ILLES FOOD INGREDIENTS, LTD.</b>	
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FILED  
03 MAY 12 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>5527 REDFIELD STREET DALLAS TX 75235</b>	Mailing Address <b>5527 REDFIELD STREET DALLAS TX 75235</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

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

6. Name and Address of Current Registered Agent  <b>PENN, JOHN 2301 FAIRMOUNT AVENUE LAKELAND FL 33803</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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.

9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$0.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	13. ADDRESS CHANGES ONLY
DOCUMENT # <b>M01000002756</b> NAME <b>FIRST ILLES INVESTMENTS, LLC</b> STREET ADDRESS <b>5527 REDFIELD STREET</b> CITY-ST-ZIP <b>DALLAS TX 75235</b>	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; border: 1px solid black; padding: 2px;">                         700018688877                          -05/12/03--01008--005 **141.25                     </div>
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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 E. Mullin* **SIGNATURE REQUIRED** LINDA E. MULLIN **5-6-03** 214-689-1305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)