DOCU	MENT# B9900	0000314 ~ ~		n)
1. Entry Name				
FAVORITE PRODUCTS, LTD				FILED
Principal Place of Business Mailing Address				01 MAY -7 AM 11: 47
		116 E. HERITAGE DR STE # TYLER TX 75703	106	SECRETARY OF STATE
	•			TATEAHASSEE ELORIDA
2. Principal Place of Business 3. Mailing Address 3933 FM 344 E 4710 KINSEY DF				
3933 FM 344 E Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & State		City & State		4. FEI Number Applied For
City & State TYLER, TX Zip Country		City & State TYLER, TX Zip Country		75-2638374 Not Applicable 5. Cartificate of Status Posiced
75703	U.S.	75703	Ŭ.S.	Fee Required
	6. Name and Address of Current	Hegistered Agent	Name	7. Name and Address of New Registered Agent
CROSBY, BEN			Street A	ddress (P.O. Box Number is Not Acceptable)
5901 CR 7				
			City	FL Zip Code
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				
Special Contributions as Shown on record. 9. Capital Contributions in FLORIDA to date. 10. Amount of Capital Contributions in FLORIDA to date.				11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown on record. 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 # NAME			STREET ADDRESS	4710 KINSEY DR.
STREET ADDRESS CITY-ST-ZIP TYLER TX			CITY-ST-ZIP	TYLER, TX 75703
DOCUMENT #	I I LER IA		STREET ADDRESS	
NAME STREET ADDRESS			C#TY-ST-ZIP	600004376926 8 -06/08/0101013016
CITY-ST-ZIP DOCUMENT #		-	STREET ADDRESS	****141 ¹ .25 ****141.25
NAME STREET ADDRESS				. 1
CITY-ST-ZIP DOCUMENT #			CITY+ST-ZIP	
NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	·
DOCUMENT #			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
STREET ADDRESS			CITY-ST-ZIP	
CITY-ST-ZIP	certify that the information supplied with	this tiling does not qualify for the		ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information
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 enall 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 peport as required by Chapter 620, Florida Statutes				
SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: (903) 581-3883				
SUSTATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylime Phone #				