

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A94000001161

1. Entity Name
33RD STREET CONSOLIDATED PARTNERS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 19 PM 1:29

Principal Place of Business Mailing Address

851 EAST S.R. 434, SUITE 192 851 EAST S.R. 434, SUITE 192
 LONGWOOD FL 32750 LONGWOOD FL 32750



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-3240990 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENSPOON, ALEX
851 EAST S.R. 434, SUITE 192.
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$174,996.00 10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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 #	GREENSPOON, ALEX	STREET ADDRESS	
NAME	851 EAST S.R. 434, SUITE 192	CITY - ST - ZIP	
STREET ADDRESS	LONGWOOD FL 32750		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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: _____ SIGNATURE REQUIRED _____ Date: Jun 13/00 407 331-0462 Daytime Phone #

6011 0003 19/99