

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0029029
AF

DOCUMENT # M97000000812

1. Entity Name

67TH STREET ASSOCIATES, L.L.C.

01 MAY -1 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1755-D LYNNFIELD ROAD, SUITE 142
MEMPHIS TN 38119

Mailing Address

1755-D LYNNFIELD ROAD, SUITE 142
MEMPHIS TN 38119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1719131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME DAVIDSON INVESTMENT GROUP XI, LLC
STREET ADDRESS 1755-D LYNNFIELD ROAD, SUITE 142
CITY-ST-ZIP MEMPHIS TN 38119

TITLE ☐ Change ☐ Addition
NAME 7000004271567--5
STREET ADDRESS -05/18/01--01097--009
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME THE PRUDENTIAL INSURANCE COMPANY OF AMERIC
STREET ADDRESS 8 CAMPUS DRIVE, ARBOR CIRCLE SOUTH
CITY-ST-ZIP PARSIPPANY NJ 07054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Mark E. French*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01

901/761-4664

Date

Daytime Phone #

CR2E083 (11/00)