2000	UNIFO	RM BUS	INESS REP	ORT	(UBI	R)						
DOCU	MENT#	M990	00000147					*-				
1. Entity Name THIRTY THIRD STREET, LLC							SECRETARY OF STATE DIVISION OF CORPORATIONS					
	,,											
Principal Place of Business Mai			Mailing Address	Aailing Address				00 FEB - 7	7 P	H 2: 01	ŧ	
				112 W. CENTER. SUITE 700								
FAYETTEVILLE	: AR 72701		FAYETTEVILLE AR 727	U1-6150			t inniheir iin i	Sten (nete an tie na te) An tie			(2)(:22: (23)	
2 Principal F	Place of Business		3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			4. FE	Number	71-0798238		<u> </u>	plied For t Applicable	
Zip	Zip Country		Zip Cou		ntry	5. Certificate of Status De			sired S5.00 Additional Fee Required			
6. Name and Address of Current			Registered Agent	<u> </u>	7. Name and Address of New Registered Agent					<u>-</u>		
DATILLIO, RALPH C					Name							
215 S. M			Street A	ddress (P.O. Box	Number is N	lot Acceptable)						
TALLAHAS					- ·							
					City				FL	Zip Code	9	
8. The above	named entity subm	its this statement fo	or the purpose of changing	its register	ed office o	r registered agen	t, or both, in	the State of Florida.				
SIGNATURE												
	Signature, typed or printed	name of registered agent	and title if applicable. (N	KOTE: Registere	ed Agent signat	ure required when reins	(ating)	0.	ATE			
					FEE IS \$ to Depart	50.00 ment of State						
9.	,	MANAGING MEMB		10.				ADDITIONS/CHAN	IG <u>E</u> S			
TITLE MAME	AME PENDERGRAFT, NEAL R 112 W. CENTER, SUITE 700		⊠ Oeleta		LE Le		700003131407					
STREET ADDRESS CITY- ST- ZIP					EET ADDRESS 7-87-ZIP				****50.00			
TITLE	MEM		Detets	TIT						Change	Addition	
NAME STREET ADDRESS	PENDERGRAFT, 112 W. CENTER			MAA STR	EET ADDRESS							
CITY-ST-ZIP	FAYETTEVILLE A				r-st-zip						OF Large	
TITLE NAME		-	C Ocieta	. TITE	E · -*	Member Lauri A.	Mason			Change	X Addition	
STREET ADDRESS CITY-ST-ZCP					EET ADDRESS 1-81-21P	4392 Old Fayettev						
ти			☐ Deleta	TITL		rayeccev	1110, 1	72.03		Change	Addition	
NAME STREET ADDRESS				NAN STR	CE Eet adore es			\wedge				
CITY-ST-ZIF				сп	r- \$T- ZIP							
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STREET ADDRESS				\$TE	RET ADDRESS			\mathcal{N}				
CITY-ST-PP			☐ Dedecte	CITY		<u> </u>		-		☐ Change	Addition	
NAME			i heart)	NAN	AE					— -madβ4		
STREET ADDRESS CITY-ST-ZIP			•		EET ADDRESS 1-81-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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CCAIATION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER