

2000 UNIFORM BUSINESS REPORT (UBR)

0016264 AB

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:04



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000147

1. Entity Name
THIRTY THIRD STREET, LLC

Principal Place of Business
112 W. CENTER, SUITE 700
FAYETTEVILLE AR 72701

Mailing Address
112 W. CENTER, SUITE 700
FAYETTEVILLE AR 72701-6150

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 71-0798238
Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DATILIO, RALPH C
215 S. MONROE STREET, SUITE 400
TALLAHASSEE FL 32301

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 _____

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME MGR PENDERGRAFT, NEAL R STREET ADDRESS 112 W. CENTER, SUITE 700 CITY-ST-ZIP FAYETTEVILLE AR 72701	<input checked="" type="checkbox"/> Delete	TITLE NAME MEMBER Lauri A. Mason STREET ADDRESS 4392 Old Wire Road CITY-ST-ZIP Fayetteville, AR 72703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME MEM PENDERGRAFT, NEAL R STREET ADDRESS 112 W. CENTER, SUITE 700 CITY-ST-ZIP FAYETTEVILLE AR 72701	<input type="checkbox"/> Delete	TITLE NAME MEMBER Lauri A. Mason STREET ADDRESS 4392 Old Wire Road CITY-ST-ZIP Fayetteville, AR 72703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: DATE: 2/2/00 DAYTIME PHONE #: 501 482-6213

CR:EOB3 (9/99)