

2001 UNIFORM BUSINESS REPORT (UBR)

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**

FILED
01 JAN 16 PM 2:16
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0798238

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DATILIO, RALPH C
215 S. MONROE STREET, SUITE 400
TALLAHASSEE FL 32301**

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 NAME Delete
**MGRM
MASON, LAURI A
4392 OLD WIRE ROAD
FAYETTEVILLE AR 72703**

TITLE NAME Change Addition
**400003567954-3
-01/23/01--01074--023
*****50.00 *****50.00**

TITLE NAME Delete
**MEM
PENDERGRAFT, NEAL R
112 W. CENTER, SUITE 700
FAYETTEVILLE AR 72701**

TITLE NAME Change Addition
MGRM

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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:

1/16/01

5014426203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)