LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90408 010 ****50.00

DOCUMENT # M01000000944

1. Entity Name
Fourth Quarter Properties XXXIII, LLC

968041

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 Village Green Circle	300 Village Green Circle
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State Smyrna, GA	City & State Smyrna, GA
Zip 30080 Country USA	Zip 30080 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2616947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Ave.

City Tallahassee FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida.

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

[redacted]

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Thomas, Stanley E.
STREET ADDRESS	300 Village Green Circle Suite 200
CITY-ST-ZIP	Smyrna, GA 30080
TITLE	
NAME	
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CITY-ST-ZIP	

[redacted]

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CR2E083B (12/01)

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 Statu tes.

SIGNATURE: _____ Stanley E. Thomas 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #