2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90014 007 ****50.00

24036077

01082004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M01000000944

1. Entity Name
FOURTH QUARTER PROPERTIES XXXIII, LLC

Principal Place of Business	Mailing Address
300 VILLAGE GREEN CIR., STE. 200 SMYRNA, GA 30080	300 VILLAGE GREEN CIR., STE. 200 SMYRNA, GA 30080

2. Principal Place of Business	3. Mailing Address
45 ANSLEY DRIVE	45 ANSLEY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEWNAN, GA	City & State: NEWNAN, GA
Zip: 30263 Country: USA	Zip: 30263 Country: USA

4. FEI Number 58-2616947 ☐ 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
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301	Name: FROOK, MARGARET S Street Address (P.O. Box Number is Not Acceptable): 1001 AVENIDA DEL CIRCO City: VENICE FL Zip Code: 34285

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Margaret S Frook MARGARET S FROOK 4-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, STANLEY E 300 VILLAGE GREEN CIRCLE SUITE 200 SMYRNA, GA 30080 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 45 ANSLEY DR NEWNAN, GA 30263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] STANLEY E THOMAS 678-423-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #