## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M01000000944

1. Entity Name

FOURTH QUARTER PROPERTIES XXXIII, LLC



FILED
May 04, 2006 08:00 AT
Secretary of State

Principal Place of Business

45 ANSLEY DRIVE NEWNAN, GA 30263 Mailing Address
45 ANSLEY DRIVE
NEWNAN, GA 30263



DO NOT WRITE IN THIS SPACE

04182006No Chg-LLC CR2E083 (11/05)

 4. FEI Number
 Applied For

 58-2616947
 Not Applicable

6. Name and Address of Current Registered Agent

FROOK, MARGARET S 1001 AVENIDA DEL CARCO VENICE, FL 34285

TITLE
NAME
STREET ADDRESS
CITY+ST-ZIP

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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.</li> </ol> |   |   |   |
|--|---|---|---|
| SIGNATURE  |   |   |   |
|  | Signature, typed or printed name of registered agent and title if applicable. | (NOTE Registered Agent signature required when reinstating) | DATE                                      |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2006                                     |   |   |
| 9.   | MANAGING MEMBERS/MANAGERS   | <u> </u>  |   |
| TITLE  | MGRM  | ·   |   |
| NAME   | THOMAS, STANLEY E   |   |   |
| STREET ADDRESS   | 45 ANSLEY DR  | i   |   |
| CITY-ST-ZIP  | NEWNAN, GA 30263  | · · · · · · · · · · · · · · · · · · ·                       | Unnancessia                               |
| TITLE  |   |   | 1/00000563210<br>05/20/06-80002-002-50.00 |
| NAME   |   |   | may count added and anything              |
| STREET ADDRESS   |   |   |   |
| CITY-ST-ZIP  |   |   |   |
| TITLE  |   |   |   |
| NAME   |   | <b>1</b>  |   |
| STREET ADDRESS   |   | 1 00  | NOT WOITE                                 |
| CITY-ST-ZIP  |   | l DC  | NOT WRITE                                 |
| TITLE  |   | INI   | THIS SPACE                                |
| NAME   |   | 1111  | INIS SPACE                                |
| STREET ADDRESS   |   |   |   |
| CITY+ST-ZIP  |   | 1   |   |
| TITLE  |   |   |   |
| NAME   |   |   |   |
| STREET ADDRESS   |   |   |   |
| CITY-ST-ZIP  |   | i   |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 1 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 AND DIFED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-06

678-423-5445

Daytime Phone #