

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # M01000000944 1. Entity Name FOURTH QUARTER PROPERTIES XXXIII, LLC		
Principal Place of Business 45 ANSLEY DRIVE NEWNAN, GA 30263	Mailing Address 45 ANSLEY DRIVE NEWNAN, GA 30263	
DO NOT WRITE IN THIS SPACE		



01102008No Chg-LLC

CR2E083 (12/07)

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 FROOK, MARGARET S 1001 AVENIDA DEL CARCO VENICE, FL 34285	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000936316
05/27/08-80005-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, STANLEY E 45 ANSLEY DR NEWNAN, GA 30263
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**DO NOT WRITE
IN THIS SPACE**

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

Stanley E. Thomas

Date

1/14/08

Daytime Phone #

678-423-5445