LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

DOCUMENT # MO100000 788						05-27-2002 90408 011 ****50.00			
Fourth Quarter Properties XXXII, LLC									
	r seemi z melje		RITE IN THIS S	PAC	E	968040	•		
2. Principal Place of Business 300 VIII age Green Circle Suite. Apt. #. etc. 200 3. Mailing Address 300 VIII age G Suite. Apt. #. etc. 200				Green	Circle	DO NOT WRITE IN THIS SPACE			
City & State Smyrna, GA			City & State Smyrna, GA		· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For 58 - 2409 512. Not Applied For			
Zip 3008		Country 45 A	Zip 30080	Count		5. Certificate of Status Desired \$5.00 Additional Fee Required	-		
		THE STATE OF STREET	T WRITE S SPACE		Street Address (I	7. Name and Address of Current Registered Agent 1. Services, Inc., P.O. Box Number is Not Acceptable)			
					526 E.	Park Ave. TL Zip Code 32301			
SIGNATURE	Signature, typed or pr	inted name of re	pistered agent and title if applicable.	egistered	Callas Septemberso	agent, or both, i —n the State of Florida.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Thomas 300 Villa Smyrna,	Stanle ge Gree GA 3	ey E. La Circle Suite 200 10080	SIRE OIY	Address All 700 i		CR2E083B (12/01)		
NAME STREET ADDRESS CITY-ST-ZIP			·	CIY:	A CONTRACTOR OF THE PARTY OF THE		CRZE		
iame Treet address Ity-st-zip				***	ADDRESS	DO NOT WRITE	The same of the sa		
ITLE IAME TREET ADDRESS ITY-ST-ZIP		·		MAR NAR SIREE CIY'S	ADDRESS .	INTHIS SPACE			
ITLE IAME TREET ADDRESS ITY-ST-ZIP				STREET CITY-S	ADDRESS ADDRESS				
ITLE AME TREET AOORESS ITY-ST-ZIP				CITY-SI	NDORESS				
I hereby co- indicated co- limited liab	ertify that the infor on this report is tri illity company or t	mation supp ue and accur he receiver o	lied with this filing does not qualify for th rate and that my signature shall have the or trustee empowered to execute this rep	e exempti same leg ort as req	on stated in Section all effect as if made uired by Chapter 6	1 119.07(3)(i). Florida Statutes. I further certify that the information under oath; that I am a managing member or manager of the 18. Florida Statu tes.			

SIGNATURE:	Stanley E. Thomas	42502	
SIGNATURE AND TYPED	OR PRINCED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
	<i>T</i>		