


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90014 002 ****50.00

DOCUMENT # M01000000788 1. Entity Name FOURTH QUARTER PROPERTIES XXXII, LLC	
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Principal Place of Business 300 VILLAGE GREEN CIRCLE STE 200 SMYRNA, GA 30080	Mailing Address 300 VILLAGE GREEN CIRCLE STE 200 SMYRNA, GA 30080
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2. Principal Place of Business 45 ANSLEY DRIVE Suite, Apt. #, etc.	3. Mailing Address 45 ANSLEY DRIVE Suite, Apt. #, etc.
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City & State NEWNAN, GA	City & State NEWNAN, GA
Zip 30263 Country USA	Zip 30263 Country USA

24052043



01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2609512	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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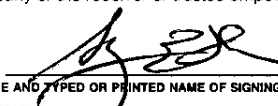
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name FROOK, MARGARET S Street Address (P.O. Box Number is Not Acceptable) 1001 AVENIDA DEL CIRCO City VENICE FL Zip Code 34285
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8. 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 Margaret S Frook <small>Signature, typed or printed name of registered agent and title if applicable.</small>	MARGARET S FROOK <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE 4-22-04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, STANLEY E <input type="checkbox"/> Delete 300 VILLAGE GREEN CIRCLE STE 200 SMYRNA, GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 45 ANSLEY DRIVE NEWNAN, GA 30263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	STANLEY E THOMAS <small>Date</small>	678-423-5445 <small>Daytime Phone #</small>
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