

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 04, 2006 08:00 AM
Secretary of State**

DOCUMENT # M01000000788

1. Entity Name
FOURTH QUARTER PROPERTIES XXXII, LLC



Principal Place of Business
45 ANSLEY DRIVE
NEWNAN, GA 30263 US

Mailing Address
45 ANSLEY DRIVE
NEWNAN, GA 30263 US



04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2609512

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 CIRCO
VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THOMAS, STANLEY E
STREET ADDRESS	45 ANSLEY DRIVE
CITY-ST-ZIP	NEWNAN, GA 30263
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80002-001 50.00

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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

4-18-06

Date

678-423-5445

Daytime Phone #