


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2004 90014 003 \*\*\*\*50.00

<b>DOCUMENT # M03000003597</b>	
1. Entity Name FOURTH QUARTER PROPERTIES XLIX, LLC	

Principal Place of Business 300 VILLAGE GREEN CIRCLE, SUITE 200 SMYRNA, GA 30080	Mailing Address 300 VILLAGE GREEN CIRCLE, SUITE 200 SMYRNA, GA 30080
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**24052048**

2. Principal Place of Business <b>45 ANSLEY DRIVE</b>	3. Mailing Address <b>45 ANSLEY DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State <b>NEWNAN, GA</b>	City & State <b>NEWNAN, GA</b>
Zip <b>30263</b>	Zip <b>30263</b>
Country <b>USA</b>	Country <b>USA</b>

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>14-1873792</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  FROOK, MARGARET S 1001 AVENIDO DEL CIRCO BOONE, BOONE, KODA & FROOK, P.A. VENICE, FL 34285	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

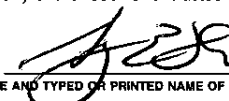
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, STANLEY E 300 VILLAGE GREEN CIRCLE, SUITE 200 SMYRNA, GA 30080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>45 ANSLEY DRIVE NEWNAN, GA 30263</b> <input checked="" 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
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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.

<b>SIGNATURE:</b>  <b>STANLEY E THOMAS</b>	Date	Daytime Phone # <b>678-423-5445</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		