

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

DOCUMENT # M03000003597

1. Entity Name
FOURTH QUARTER PROPERTIES XLIX, LLC



Principal Place of Business

**45 ANSLEY DRIVE
NEWNAN, GA 30263**

Mailing Address

**45 ANSLEY DRIVE
NEWNAN, GA 30263**



04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1873792

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 AVENIDO DEL CIRCO
BOONE, BOONE, BOONE, KODA & FROOK, P.A.
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 reissuing)

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	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/20/06-80002-020 50.00

**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

4-18-06

Date

678-423-5445

Daytime Phone ()