

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**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**



01152007No 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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**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	

U00000662747  
03/21/07-80026-004 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

**Stanley E. Thomas**

**3/7/07**

Date

**678-423-5445**

Daytime Phone #