


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000001201 1. Entity Name FOURTH QUARTER PROPERTIES LVII, LLC	
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Principal Place of Business 45 ANSLEY DRIVE NEWMAN, GA 30263	Mailing Address 45 ANSLEY DRIVE NEWMAN, GA 30263
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04072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0084037	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 FROOK, MARGARET S 1000 AVENIDO 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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMAS, STANLEY E 45 ANSLEY DRIVE NEWMAN, GA 30263
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04/25/05-80104-011 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **STANLEY E THOMAS** 4/8/05 678-423-5445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #