


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M04000003758 1. Entity Name FOURTH QUARTER PROPERTIES XXXIV, LLC	
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Principal Place of Business 45 ANSLEY DRIVE NEWNAN, GA 30263	Mailing Address 45 ANSLEY DRIVE NEWNAN, GA 30263
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 33-1100267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FROOK, MARGARET S
BOONE, BOONE, KODA & FROOK
1001 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 re-registering) DATE _____

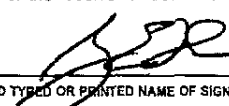
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, STANLEY E 45 ANSLEY DRIVE NEWNAN, GA 30263
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IN THIS SPACE**

100000563211
05/20/06-80002-003 50.00

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:  **4-18-06** **678-423-5445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #