


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 M97000000658 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		99 MAR -2 PM 3: 19	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company FOURTH QUARTER PROPERTIES XVI, LLC 300 VILLAGE GREEN CIRCLE, SUITE 200 SMYRNA GA 30080		DOCUMENT # M97000000658		1a. Principal Place of Business Address 300 VILLAGE GREEN CIRCLE, SU SMYRNA GA 30080	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/01/1997 3a. State of Formation GA 4. FEI Number 58-2306051 5. Date of Last Report 03/16/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u><i>Corrie Bayan</i></u> <u><i>Corrie Bayan, Special Asst Secretary</i></u> DATE <u><i>3-2-99</i></u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when removing and adding)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	THOMAS, STANLEY E	300 VILLAGE GREEN CIRCLE,		SMYRNA GA	
MGR	FARRIS, GARY W	600 W. PEACHTREE STREET, S		ATLANTA GA	
		<i>M/K</i> <i>3/2/99</i>		400002791834--7 -03/02/99--01033--024 ****197.50 ****197.50	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u><i>Stanley E. Thomas</i></u> <u><i>2/24/99</i></u> <u><i>7708016514</i></u> <small>SIGNATURE AND TYPE (OFFER) OF NAME OF SECRETARY, MANAGER, MEMBER OR MANAGER</small> <small>City, State and Zip</small>					