

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90408 008 \*\*\*\*50.00

DOCUMENT # M97000000658

1. Entity Name

Fourth Quarter Properties XVI, LLC

**DO NOT WRITE IN THIS SPACE**

968043

2. Principal Place of Business

300 Village Green Circle

3. Mailing Address

300 Village Green Circle

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Smyrna, GA

City & State

Smyrna, GA

Zip

30080

Country

USA

Zip

30080

Country

USA

4. FEI Number

58-2306051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
Thomas, Stanley E.  
300 Village Green Circle Suite 200  
Smyrna, GA 30080

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
Farris, Gary W  
600 W. Peachtree Street, Suite 1800  
Atlanta, GA 30308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Stanley E. Thomas

4/25/02

Date

Daytime Phone #

CR2E083B (12/01)