


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90014 006 \*\*\*\*50.00

<b>DOCUMENT # M97000000658</b>	
1. Entity Name <b>FOURTH QUARTER PROPERTIES XVI, LLC</b>	

Principal Place of Business <b>300 VILLAGE GREEN CIRCLE, SUITE 200 SMYRNA, GA 30080</b>	Mailing Address <b>300 VILLAGE GREEN CIRCLE, SUITE 200 SMYRNA, GA 30080</b>
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**24052045**

2. Principal Place of Business <b>45 ANSLEY DRIVE</b>	3. Mailing Address <b>45 ANSLEY DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NEWNAN, GA</b>	City & State <b>NEWNAN, GA</b>
Zip <b>30263</b>	Zip <b>30263</b>
Country <b>USA</b>	Country <b>USA</b>

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>58-2306051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FOOOK, MARGARET S 1001 AVENIDA DEL CIRCO VENICE, FL 34285</b>	
7. Name and Address of New Registered Agent Name <b>FROOK, MARGARET S</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 Margaret S Frook (NOTE: Registered Agent signature required when reinstating) DATE 4-22-04

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, STANLEY E 300 VILLAGE GREEN CIRCLE, SUITE 200 SMYRNA, GA 30080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>45 ANSLEY DRIVE NEWNAN GA 30263</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FARRIS, GARY W 600 W. PEACHTREE STREET, STE. 1800 ATLANTA, GA 30308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

Date

Daytime Phone #

**678-423-5445**