

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90062 017 ****50.00

DOCUMENT # M97000000658



1. Entity Name
FOURTH QUARTER PROPERTIES XVI, LLC

Principal Place of Business Mailing Address
300 VILLAGE GREEN CIRCLE, SUITE 200 **300 VILLAGE GREEN CIRCLE, SUITE 200**
SMYRNA GA 30080 **SMYRNA GA 30080**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-2306051** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	THOMAS, STANLEY E	
STREET ADDRESS	300 VILLAGE GREEN CIRCLE, SUITE 200	
CITY-ST-ZIP	SMYRNA GA 30080	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FARRIS, GARY W	
STREET ADDRESS	600 W. PEACHTREE STREET, STE. 1800	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Stanley E. Thomas 2/10/03 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

CR2E083 (10/02)