CR2E003 (10/02)

A99000001103 DOCUMENT # 1. Entity Name ATLANTIC AMERICAN INTERNET PARTNERS, LTD., LLP 03 JAN 31 AM 10: 34 Principal Place of Business Mailing Address 101 E. KENNEDY BLVD., SUITE 3925 101 E. KENNEDY BLVD.. SUITE 3925 SECHETARY OF STATE **TAMPA FL 33602** TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address E. Kennedy Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 59-3586180 Applied For City & State City & State Not Applicable Country U.S \$8.75 Additional  $\Box$ Certificaté of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORDON, BRAD Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., SUITE 8025 3300 **TAMPA FL 33602** <u>600011591486</u> U1/31/03--01056--003**=**|\*#14dcode City 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 Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. L99000004102 DOCUMENT ( STREET ADDRESS ATLANTIC AMERICAN INTERNET INVESTMENTS,LLC NAME 101 E. KENNEDY BLVD., SUITE 3925 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section \$19.07(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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

Brod A. Gordon 01-21-03

BI THOMAS

(813) 318 -9444