

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



03242004 Chg-LP CR2E003 (10/03)

8/3

DOCUMENT # B02000000296 1. Entity Name ATLANTIC AMERICAN MORTGAGE FUND I, L.P.			
Principal Place of Business 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602		Mailing Address 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602	
2. Principal Place of Business <i>333 Third Ave N. Suite 400</i>		3. Mailing Address <i>P.O. Box 299</i>	
City & State <i>St. Petersburg FL</i>		City & State <i>St. Petersburg FL</i>	
Zip <i>33701</i>		Zip <i>33731-0299</i>	
4. FEI Number 01-0741801		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$2,231,251.00		10. Amount of Capital Contributions in FLORIDA to date. \$15,000,000	
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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M02000002361 ATLANTIC AMERICAN MORTGAGE PARTNERS, LLC 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602	STREET ADDRESS CITY-ST-ZIP	<i>333-3rd Ave. N. Suite 400</i> <i>St. Petersburg FL 33701</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<i>400039842714</i> <i>08/04/04--01005--011 **2276.25</i>
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		Date <i>5/3/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE