

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B02000000296

1. Entity Name
ATLANTIC AMERICAN MORTGAGE FUND I, L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -8 PM 1:20

W6K

Principal Place of Business
101 EAST KENNEDY BLVD., SUITE 3925
TAMPA FL 33602

Mailing Address
101 EAST KENNEDY BLVD., SUITE 3925
TAMPA FL 33602



2. Principal Place of Business
101 E. Kennedy Blvd.

3. Mailing Address
101 E. Kennedy Blvd.

Suite, Apt. #, etc.
Suite 3300

Suite, Apt. #, etc.
Suite 3300

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602

Country
U.S.A.

Zip
33602

Country
U.S.A.

DUE BY MAY 1, 2003

4. FEI Number
01-0741801

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. \$0.00

10. Amount of Capital Contributions
in FLORIDA to date. 2,231,251

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # M02000002361
NAME ATLANTIC AMERICAN MORTGAGE PARTNERS, LLC
STREET ADDRESS 101 EAST KENNEDY BLVD., SUITE 3925
CITY-ST-ZIP TAMPA FL 33602

13. ADDRESS CHANGES ONLY

STREET ADDRESS 101 E. Kennedy Blvd., Suite 3300
CITY-ST-ZIP Tampa, FL 33602

DOCUMENT #
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Brad A. Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-16-03

Date

(813) 3189444

Daytime Phone #

CR2E003 (10/02)

0004507 AV