

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000005987 1. Entity Name ATLANTIC AMERICAN REALTY CAPITAL ADVISORS, INC.	
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Principal Place of Business 101 E. KENNEDY BOULEVARD STE. 3300 TAMPA, FL 33602	Mailing Address 101 E. KENNEDY BOULEVARD STE. 3300 TAMPA, FL 33602
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1420946	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTELLANO, NELSON T 101 E. KENNEDY BOULEVARD STE. 2700 TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

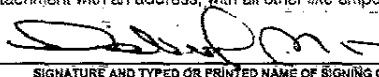
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U00000628807
02/16/07-80032-002 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREYRA, ROBERT 101 E. KENNEDY BOULEVARD STE. 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, PETER H 101 E. KENNEDY BOULEVARD STE. 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREYRA, DEBORAH 101 E. KENNEDY BOULEVARD STE. 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GORDON, BRAD A 101 E. KENNEDY BOULEVARD STE. 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, JASON 101 E. KENNEDY BOULEVARD STE. 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINER, MICHAEL 101 E. KENNEDY BOULEVARD STE. 3300 TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #