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.

Principal Place of Business	Mailing Address
101 E. KENNEDY BOULEVARD STE. 3300 TAMPA, FL 33602	101 E. KENNEDY BOULEVARD STE. 3300 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1420946
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, NELSON T
101 E. KENNEDY BOULEVARD STE. 2700
TAMPA, FL 33602

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

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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 #