

**2007 LIMITED LIABILITY COMPANY,  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000004102

1. Entity Name  
ATLANTIC AMERICAN INTERNET INVESTMENTS, LLC



Principal Place of Business  
101 E KENNEDY BLVD  
SUITE 3300  
TAMPA, FL 33602 US

Mailing Address  
101 E KENNEDY BLVD  
SUITE 3300  
TAMPA, FL 33602 US



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3586130

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GORDON, BRAD  
101 E KENNEDY BLVD  
SUITE 3300  
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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000593116  
01/22/07-80019-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MICHAELS, JR., J. PATRICK  
101 E. KENNEDY BLVD., SUITE 3300  
TAMPA, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GORDON, BRAD A  
101 E. KENNEDY BLVD., SUITE 3300  
TAMPA, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/17/07

Date

813-226-8844

Daytime Phone #