

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90197 033 ****50.00

DOCUMENT # M00000002240

1. Entity Name
ATLANTIC AMERICAN CAPITAL GROUP, LLC



Principal Place of Business
101 EAST KENNEDY BLVD., STE. 3300
TAMPA, FL 33602

Mailing Address
101 EAST KENNEDY BLVD., STE. 3300
TAMPA, FL 33602

24011707



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02022004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3661178

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, BRAD A
101 EAST KENNEDY BLVD., STE. ~~3025~~ **3300** ← **Change Suite #**
TAMPA, FL 33602

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 _____
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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **ATLANTIC AMERICAN CORPORATE GROUP LLC**
STREET ADDRESS **101 E. KENNEDY BLVD., STE 3300**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **J. Patrick Michaels, Jr.**
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **Brad A. Gordon**
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **Robert Moreyra**
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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: *Brad A. Gordon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-02-04 (813) 218-9444
Date Daytime Phone #