

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90064 002 ****50.00

60004099



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3661178

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, BRAD A
101 EAST KENNEDY BLVD., STE. 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**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MOREYRA, ROBERT
101 E. KENNEDY BLVD. STE 3300
TAMPA, FL 33602

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

11/17/07

Date

813-226-8844

Daytime Phone #