

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90133 020 \*\*\*138.75

**60019631**



01212008 Chg-LLC CR2E083 (12/06)

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

## 7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/2/08**

Date

**813-226-8847**

Daytime Phone #