

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90154 010 ****50.00

DOCUMENT # M01000000227

1. Entity Name
ATLANTIC AMERICAN CAPITAL ADVISORS, LLC



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

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

20008741



2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

01052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

59-3694100

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 E. KENNEDY BLVD., STE. 3300
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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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: *Barbara Brockland*

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

01/05/05 (813) 318-9444

Date

Daytime Phone #