


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000000227**

1. Entity Name  
**ATLANTIC AMERICAN CAPITAL ADVISORS, LLC**



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



03022006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**59-3694100**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GORDON, BRAD A**  
**101 E. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAELS, A PATRICK JR 101 E. KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAELS, PATRICK J JR. 101 E. KENNEDY BLVD., SUITE 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 W. KENNEDY BLVD., STE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/05/06-80020-011 50.00

**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: *Brad A Gordon*      3/16/06      813-226-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #