2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 20, 2008
Secretary of State

DOCUMENT# M01000000227

Entity Name: ATLANTIC AMERICAN CAPITAL ADVISORS, LLC

Current Principal Place of Business:

102 W. WHITING STREET
SUITE 600
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

102 W. WHITING STREET
SUITE 600
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-3694100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOREYRA, ROBERT
102 W. WHITING STREET
SUITE 600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	MOREYRA, ROBERT	
Address:	102 W. WHITING STREET; SUITE 600	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	S	( ) Delete
Name:	COLLINS, PETER	
Address:	102 W. WHITING STREET, SUITE 600	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	MGR	( ) Delete
Name:	MOREYRA, ROBERT	
Address:	102 W. WHITING STREET, SUITE 600	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	MGR	( ) Delete
Name:	COLLINS, PETER	
Address:	102 W. WHITING STREET, SUITE 600	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	T	(X) Delete
Name:	DOLLARD, GALE	
Address:	102 W. WHITING STREET, SUITE 600	
City-St-Zip:	TAMPA, FL 33602 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	MOREYRA, ROBERT	
Address:	102 W. WHITING STREET, SUITE 600	
City-St-Zip:	TAMPA, FL 33602 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MELENDEZ, YARELIS	
Address:	102 W. WHITING STREET, SUITE 600	
City-St-Zip:	TAMPA, FL 33602 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YARELIS MELENDEZ T 10/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date