2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # M0100000227

1. Entity Name

Principal Place of Business

SIGNATURE:

ATLANTIC AMERICAN CAPITAL ADVISORS, LLC



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90024 044 ****50.00

101 E. KENNEDY BLVD STE. 3925 101 E. KENNEDY BLVD STE TAMPA FL 33602 TAMPA FL 33602											
2. Principal Pla	3. Mailing Address										
101 E. Kennedy Blvd. 101 E. Kennedy Blvd. Suite, Apt. #, etc.			reay	DIVO	3.	CHECK HERE IF MAKING CHANGES					
Suite			Suite_3300				CHECK HERE	IF MAKING	CHANGES		
City & State		City & State			4. FEI Numbe	59-369410)0	Ap	plied For		
Tame	 ,	lampa, FL						No	t Applicable		
33 لو0	Country U.S.A.	33603	š.A	٠,	5. Certificate of Status Desired \$5.00 Additional Fee Required						
	6. Name and Address of Current F	Registered Agent				7. Name and	Address of New I	Registered A	gent		
GORDON, BRAD A					Name						
101 E. KENNEDY BLVD., STE. 2025. 3300					Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33602											
				City	FL Zip Code						
	named entity submits this statement for ons of registered agent.	the purpose of changing its r	registered	d office or	registere	ed agent, or both	i, in the State of Fl	orida. I am fa	amiliar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered .	Agent signate	re required	when reinstating)		DATE			
		FILE NO	MHI E	EE IC C	50 NN						
		Make Check Payable	e to Flo		oartmer	nt of State					
9.	MANAGING MEMBER	L RS/MANAGERS	10.		****		ADDITIONS	/CHANGES			
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11. Thereby or	ertify that the information supplied with	this filing does not qualify for	the exem	option sta	ted in Se	ction 119.07(3)(i), Florida Statutes	I further cert	ify that the ir	nformation	
indicated of	on this report is true and accurate and to oility company or the receiver or trustee	that my signature shall have t	he same	legal effe	ct as if m	ade under oath;	that I am a mana				

JRE: SIGNATURE ENGINE Brod A. GOVAON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE