

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90051 033 ****50.00

DOCUMENT # M02000002361

1. Entity Name

ATLANTIC AMERICAN MORTGAGE PARTNERS, LLC



Principal Place of Business

**101 EAST KENNEDY BLVD., SUITE 3925
TAMPA FL 33602**

Mailing Address

**101 EAST KENNEDY BLVD., SUITE 3925
TAMPA FL 33602**

2. Principal Place of Business

101 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 3300

City & State

Tampa, FL

Zip

33602

Country

U.S.A.

3. Mailing Address

101 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 3300

City & State

Tampa, FL

Zip

33602

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3595429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **ATLANTIC AMERICAN REALTY, LLC**
STREET ADDRESS **101 EAST KENNEDY BLVD., SUITE 3925**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Atlantic American Realty, LLC**
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **MGRM** ☐ Delete
NAME **DIRECTED CAPITAL RESOURCES, LLC**
STREET ADDRESS **770 2ND AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Directed Capital Resources, LLC**
STREET ADDRESS **333 Third Avenue North, Suite 400**
CITY-ST-ZIP **St. Petersburg, FL 33701-3899**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Signature Required

Brad A. Gordon 01-16-03 (813) 318-9444

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

Date

Daytime Phone #

CR2E083 (10/02)