FILED Mar 06, 2003 8:00 am Secretary of State

2/.

ZUUJ LIMI	LED LIAB	ILITY (COM	PANY
UNIFORM	BUSINES	S REP	DRT	UBR

DOCUMENT # M0200002363 1. Entity Name ATLANTIC AMERICAN MORTGAGE MANAGEMENT, LLC				02-24-2003	90049 006	****50.00
Principal Place of Business 101 E. KENNEDY BLVD SUITE 3925 TAMPA FL 33602	Mailing Address 101 E. KENNEDY BLVD S TAMPA FL 33602	CUITE 3925				
2. Principal Place of Business 101 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 3300	3. Mailing Address 101 E. Kenn Suite, Apt. #, etc. Suite 32	'	ivd.	CHECK HERE IF MA		
City & State Tompa, FL	City & State	15)	4. FELNI	Inber COCLIA 7	· · · · · · · · · · · · · · · · · · ·	Applied For
33402 Country J.S.A.	3300a	Country U.S.F	<u> </u>	pate of Status Desired	\$5.00 A Fee Requi	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street	· · · · · · · · · · · · · · · · · · ·	and Address of New Register mber is Not Acceptable)	red Agent	
		City			FL Zip Co	de
The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and Signature.	tide if applicable. (NOTE	Registered Agent sign	ature required when reinstating		am familiar with	n, and accept
-	Make Check Payable Due	e to Florida De By May 1, 20			-	ſ
9. MANAGING MEMBERS	/MANAGERS	10.		ADDITIONS/CHAN	GES	
NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602	E GROUP, LLC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hampa, F	erican Corporate edy Blvd., Sul L 33602	Change Group, 1 e 3300	Addition
	LC Delete	TITLE NAME STREET ADDRESS CITY_ST-ZIP_	ו משיחו פבבן	apital Resources, 1 venue North, Su wrat-Fl-33701	400 YOU	1
TITLE VAME STREET ADDRESS CITY-ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	an Error in Miller China	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
ntle Name Street adoress Sity-St-219	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP	☐ Delate	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition
1. I hereby certify that the information supplied with this indicated on this report is true and accurate and that limited liability company or the receiver or trustee empty in the supplied with this indicated on this report is true and accurate and that limited liability company or the receiver or trustee empty in the supplied with this indicate and true and true of sign supplied with this indicate and true and true of sign supplied with this indicated on the supplied with this indicated on this report is true and accurate and true and accurate and true and accurate and true and accurate and that limited liability company or the receiver or trustee empty.	owered to execute this rep	ort as required b	y Chapter 608, Florida	Slatutes.	ertify that the interpretation of manager	of the