

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90277 042 ****50.00

DOCUMENT # M04000003203

1. Entity Name
ATLANTIC AMERICAN REALTY GROUP, LLC



Principal Place of Business
**101 EAST KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602**

Mailing Address
**101 EAST KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602**

20007809



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1098810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GORDON, BRAD A
101 EAST KENNEDY BLVD., SUITE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLANTIC AMERICAN CORPORATE GROUP, LLC 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOEHLER, DEBRA 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOREYRA, DEBORAH L 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Batara Brockland

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

01/05/05 (813) 318-9444

Date

Daytime Phone #