
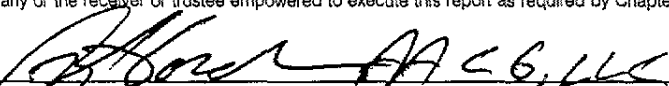


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
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	DO NOT WRITE IN THIS SPACE
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes.		
SIGNATURE:  AA & G, LLC 2206		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>
		<small>Daytime Phone #</small>



01162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1098810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000423420
02/18/06-80007-008 50.00