

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
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**



01042007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000699134
04/19/07-80030-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes

SIGNATURE: _____

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

Date

Daytime Phone #

Debra F Koehler

11/15/07

813.318.9444