2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005535

FILED Apr 16, 2005 08:00 AM Secretary of State

1. Entity Nam ATLANTI	C AMERICAN CONSTRUCTION COMPANY	/, LLC	
Principal Place of Business Mailing Address 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602 Mailing Address 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602			
DO NOT WRITE IN THIS SPACE		03072005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MCDONOUGH, BRIAN J STEARNS WEAVER MILLER WEISSLER ET AL 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130			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, types or printed name of registered agent and like it applicable. NOTE Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			U00000310387 04/18/05-80003-006 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLANTIC AMERICAN REALTY GROUP, LLC 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE			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)(f). 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 of fusite empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

OZc.

Dale

Daytime Phone #