## 2008 LIMITED LIABILITY COMPANY

## Apr 11, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M04000005535** 04-11-2008 90179 008 \*\*\*138.75 1. Entity Name ATLANTIC AMERICAN CONSTRUCTION COMPANY, LLC Mailing Address Principal Place of Business 101 EAST KENNEDY BOULEVARD, SUITE 3300 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602 TAMPA, FL 33602 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-7549086 Not Applicable Zip Country Zip Country \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) STEARNS WEAVER MILLER WEISSLER ET AL 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130 City Zip Code FL 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 DATE FILE NOW!!!\_FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES AND TOP 1916 AND ADDITIONS OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY MANAGING MEMBERS/MANAGERS 10. . . MGRM A TO SELECT THE BERT A TO Change Addition TITLE good Delete TITLE NAME' 1513 ATLANTIC AMERICAN REALTY GROUP, LLC NAME 101 EAST KENNEDY BOULEVARD, SUITE 3300 STREET ADDRESS STREET ADORESS TAMPA, FL 33602 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP City-St-ZIE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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.

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

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

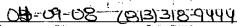
Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



☐ Change

☐ Addition