


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # M06000003449<br>1. Entity Name<br>ATLANTIC AMERICAN DEVELOPMENT COMPANY, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>101 E KENNEDY BLVD., SUITE 3300<br>TAMPA, FL 33602 | Mailing Address<br>101 E KENNEDY BLVD., SUITE 3300<br>TAMPA, FL 33602 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC CR2E083 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-1428691                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

GORDON, BRAD A  
 101 E KENNEDY BLVD., SUITE 3300  
 TAMPA, FL 33602

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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 reconstituting) DATE

**Filing Fee is \$50.00 Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GORDON, BRAD A<br>101 E KENNEDY BLVD., SUITE 3300<br>TAMPA, FL 33602 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000699133  
 04/19/07-80030-014 50.00

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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: Debra J Kochler Date: 1/16/07 Daytime Phone #: 813.318.9444

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