

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 2000	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 13 PM 1:27

FILING FEE \$188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M98000000215
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ASSETAMERICA INSURANCE, LLC
1700 WATER PLACE, SUITE 170
ATLANTA, GEORGIA 30339

1a. Principal Place of Business Address

1700 WATER PLACE, SUITE 170
ATLANTA, GEORGIA 30339

2. Principal Place of Business SAME AS ABOVE	2a. Mailing Address SAME AS ABOVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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3. Date Organized or Qualified 03/05/1998	3a. State of Formation DE
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4. FEI Number 58-2368235	☐ Applied For ☐ Not Applicable
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5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required ☐
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7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
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CT CORPORATION

Name

1200 SOUTH PINE ISLAND ROAD

Street Address (P.O. Box Number is Not Acceptable)

PLANTATION, FLORIDA 33324

Suite, Apt. #, etc.

City

FL

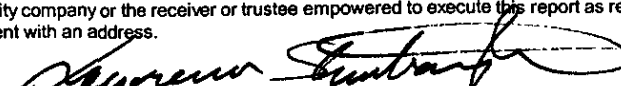
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	STUMBAUGH, LAWRENCE	1700 WATER PLACE, STE.170	ATLANTA, GA 30339
700003096357--6 -01/12/00--01075--020 ****588.75 ****588.75			

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/10/00

Date

770-984-0170

Daytime Phone #