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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 13 PM 1:27

MJH

FILING FEE $188.75	**Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M98000000215

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	**2a.** Mailing Address	**3.** Date Organized or Qualified	**3a.** State of Formation
SAME AS ABOVE	SAME AS ABOVE	03/05/1998	DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number: 58-2368235	☐ Applied For ☐ Not Applicable
City & State	City & State		
Zip / Country	Zip / Country	*5.* Date of Last Report	**6.** Certificate of Status Desired **$8.75 Additional Fee Required** ☐

7. Name and Address of Current Registered Agent	**8. Name and Address of New Registered Agent/Office**
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

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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: Lawrence Stumbaugh 1/10/00 770-984-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE 10 R (12-98)
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