

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT-# : **A01000001497**

1. Entity Name

**ATRIUM PROJECT PARTNERSHIP, LTD.**

Principal Place of Business

C/O DARYL CRAMER & ASSOCIATES, P.A.  
515 NORTH FLAGLER DRIVE, SUITE 910  
WEST PALM BEACH FL 33401

Mailing Address

C/O DARYL CRAMER & ASSOCIATES, P.A.  
515 NORTH FLAGLER DRIVE, SUITE 910  
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**

02 JUN -5 PM 12: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DUE BY MAY 1, 2002**

4. FEI Number **65-1153285**

Applied For

Not Applicable

5. Certificate of Status Desired  K

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DARYL CRAMER & ASSOCIATES, P.A.**  
**515 NORTH FLAGLER DRIVE, SUITE 910**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

**\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$888,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000108334**  
NAME **ATRIUM GENERAL PARTNER, INC.**  
STREET ADDRESS **515 NORTH FLAGLER DRIVE, SUITE 910**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **700005727437--8**  
CITY-ST-ZIP **06/10/02 01008 020**  
**\*\*\*\*535.00 \*\*\*\*535.00**

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STREET ADDRESS  
CITY-ST-ZIP **BK**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP **FF \$526.25**  
**OUS 8.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: *[Signature]*  
SIGNATURE: **X [Signature]** **REC'D** **HOESE, President** **X 22-09-02** **905-882-1212**

0002855 AV

CR2E003 (9/01)

STAPLE CHECK HERE