


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
May 04, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A01000001497**  
1. Entity Name  
**ATRIUM PROJECT PARTNERSHIP, LTD.**



Principal Place of Business      Mailing Address  
**C/O DARYL CRAMER & ASSOCIATES, P.A.  
3801 PGA BLVD STE. 508  
PALM BEACH GARDENS, FL 33410-2758**

2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country

03022004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**65-1153285**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**C/O DARYL CRAMER & ASSOCIATES, P.A.  
3801 PGA BLVD STE. 508  
PALM BEACH GARDENS, FL 33410-2758**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record      \$948,000.00      10. Amount of Capital Contributions in FLORIDA to date      \$948,000.00

**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	STREET ADDRESS	
NAME	ATRIUM GENERAL PARTNER, INC.	CITY - ST - ZIP	
STREET ADDRESS	3801 PGA BOULEVARD STE. 508		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 334102758		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

U00000159735  
05/10/04-80043-012 535.00

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

**SIGNATURE: By:** *Atrium General Partner, Inc.*      **DATE:** *MARCH 21/04*

STAPLE CHECK HERE