2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

1	1. Entity Name	MENT # A0100001				DĮV ₁ .	FILI DS APR 27 JON OF CO	AM 9: 34
	Principal Place of Business C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD STE. 508 PALM BEACH GARDENS, FL 33410-2758 PALM BEACH GARDENS, FL 33410-2758 2. Principal Place of Business Address C/O TE			508 S, FL 334 ⁻	10-2758	# .A 	LLAHASSE	E, FLORIDA
-	c/o Harr Suite, Apt.	ris Cramer ILP #, etc.	3. Mailing Address c/o Harris Cramer IIF 1555 Palm Beach Lakes Blvd. Suite, Apt. #, etc. 310 Suite 310		03092005 Chg-LP CR2E003 (10/03)			
	1555 Palm Beach Lakes Blvd., Ste. City & State West Palm Beach, FL		310 Suite 310 City & State West Palm Beach, FL			4. FEI Number		Applied For
<u> </u>	33401	Country USA	Zip 33401	Country	 &a	65-1153285 5. Certificate of Status D	Pesired 🔀	Not Applicable \$8.75 Additional
ŀ		6. Name and Address of Current	<u> </u>	1 4	<u> </u>	7. Name and Address of		Fee Required d Agent
	3801 PGA	L CRAMER & ASSOCIATES, BLVD STE. 508 ACH GARDENS, FL 33410-27	P.A.	-	Harris Cra Street Address I 1555 Palm i Suite 310	s (P.O. Box Number is Not Acceptable) -Beach Lakes Blvd.		
				⊢	West Palm I		F	L 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 accepted agent. Harris Cramer IIP by Daryl Cramer & Associates, P.A., Partner by Daryl B. Cramer, President SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions							, Partner
-	as Shown o							
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE NOTE: General Partners MAY NOT be changed on the form; an ап					TERED AND ACTIVE Was the state of the state	/ITH THIS OFFI nge a general p	CE. Partner.
ŀ	12. GÉNERAL PARTNER INFORMATION DOCUMENT / P01000108334			13.	1		ESS CHANGES O	
	NAME STREET ADDRESS CITY-ST-ZIP	ATRIUM GENERAL PARTNER, 3801 PGA BOULEVARD STE. 50 PALM BEACH GARDENS, FL. 3	08	CITY-ST		Palm Beach Lakes Palm Beach, FL		te 310
	DOCUMENT / NAME STREET ADDRESS			STREET	ADDRESS T-ZIP			
_ -	DOCUMENT #		·	STREET	ADDRESS	\$ ⁷⁷ 0 4 ⁷⁷ 0 4 ⁷⁷ 0 6 ⁷⁷ 0 6		
	NAME STREET ADDRESS CITY-ST-ZIP			CITY-S	ļ-·	05/10/05(54215 71067002	1:3:3 2 **535.00
	DOCUMENT # NAME			STREET	ADDRESS			
<u> </u>	STREET ADDRESS CITY-ST-ZIP			CITY-ST	T-ZIP			
L ANECA H	DOCUMENT # NAME			STREET	ADDRESS			
	STREET ADDRESS CITY-ST-ZIP			CITY-S	J-ZIP			
SIAPLE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS			
	14. I hereby certify that the information supplied with this filling 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 partnersh the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes APR 15 2005 APR 15 2005							of the limited partnership or
BY; SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylime Phone #								