2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A01000001497 **DOCUMENT #**

ATRIUM PROJECT PARTNERSHIP, LTD.



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

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS FL 33410-2758

3. Mailing Address

Suite, Apt. #, etc.

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DUE BY MAY 1, 2003

City & State			City & State		4. FEI Numbe	J 4. FEI Number 65-1153285		
7.						<u> </u>		
Zip Country			Zip	Country		of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
DARYL CRAMER & ASSOCIATES, P.A.					Name Daryl Cramer & Associates, P.A.			
515 NORTH FLAGLER DRIVE, SUITE 910					Street Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33401					Suite 508			
					City Palm Beach Gardens FL Zip Code 33410			
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. Dary 1 B. Cramer , Ars. y/22/33								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								
9. Capital Co as Shown		10. Amount of Capita in FLORIDA to da	al Contributions \$948,000.00 11. MAKE CHECK PAYABLE TO FL. 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 #					3801 PGA Bo	3801 PGA Boulevard, Suite 508		
STREET ADDRESS CITY-ST-ZIP	DRESS 515 NORTH FLAGLER DRIVE, SUITE 910			CITY-ST-ZIP	Palm Beach Gardens, FL 33410-2758		10-2758	
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STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				
14. Thereby 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:

INFEFFabrizio Lucchese

905-882-1212

Daytime Phone #