

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAR 24 PM 3: 23

1. Name of Limited Partnership	1a. DOCUMENT # A31136
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ATRIUM ASSOCIATES OF PINELLAS, LTD.

Mailing Address 3040 GULF TO BAY BLVD #205 CLEARWATER F: 33759	Principal Office Address 3040 GULF TO BAY BLVD #205 CLEARWATER F: 33759
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 01/30/1991	5a. Capital Contributions as Shown on record. \$100,000.00
3a. Date of Last Report 03/20/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	6. FEI Number 59-3050319
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

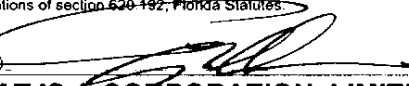
9. Name and Address of Current Registered Agent

~~ROSTON, WILLIAM G.
ECONOMANAGEMENT, INC.
3040 GULF TO BAY BLVD SUITE 205
CLEARWATER FL 33759~~

10. If changed, new Registered Agent/Office


Name **Gary F. Queen**
 Street Address (P.O. Box Number Is Not Acceptable) **2915 SR 590**
 Suite, Apt. #, etc. **Suite 21**
 City **Clearwater** FL Zip Code **33759**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)  DATE **3/15/99**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) NORTHERN SALINE, INC. ROGAL, RAYMOND J.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 24715 FIVE MILE ROAD -602 E LINCOLN 788 W. LINCOLN	11b. City, State & Zip Code REDFORD MI 48239 BIRMINGHAM MI 48009	11c. Registration/Document Number P13599
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4-2-99

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE **3/15/99**

Typed or Printed Name of General Partner Signing Form **Patrick J. O'Neill** Daytime Telephone Number **(727) 725-9537**

CR2E003 (12/98)