

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31136
 1. Entity Name
ATRIUM ASSOCIATES OF PINELLAS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 22 AM 10: 21



Principal Place of Business
 3040 GULF TO BAY BLVD #205
 CLEARWATER F: 33759

Mailing Address
 3040 GULF TO BAY BLVD #205
 CLEARWATER F: 33759-4318

2. Principal Place of Business
 2915 SR 590

3. Mailing Address
 2915 SR 590

Suite, Apt. #, etc.
 Suite 21

DO NOT WRITE IN THIS SPACE

City & State
 Clearwater, FL

City & State
 Clearwater, FL

Zip
 33759

Country
 USA

4. FEI Number **59-3050319** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
QUEEN, GARY F
2915 SR 590
SUITE 21
CLEARWATER FL 33759

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	P13599
NAME	NORTHERN SALINE, INC.
STREET ADDRESS	24715 FIVE MILE ROAD
CITY - ST - ZIP	REDFORD MI 48239
DOCUMENT #	
NAME	ROGAL, RAYMOND J.
STREET ADDRESS	788 W LINCOLN
CITY - ST - ZIP	BIRMINGHAM MI 48009
DOCUMENT #	
NAME	QUEEN, GARY F TRUSTEE
STREET ADDRESS	2915 SR 590, SUITE 21
CITY - ST - ZIP	CLEARWATER FL 33759
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	200003156012--9 -03/03/00--01020--001 ****526.25 ****526.25
STREET ADDRESS	<i>mf 2/29/00</i>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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

SIGNATURE: Gary F. Queen, Trustee (727) 2/18/00 796-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

M 10:00

CRE003 (9/99)