


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

**FILED
Feb 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # A31136

1. Entity Name
ATRIUM ASSOCIATES OF PINELLAS, LTD.



Principal Place of Business 2915 SR 590 SUITE 21 CLEARWATER, FL 33759	Mailing Address 2915 SR 590 SUITE 21 CLEARWATER, FL 33759
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3050319	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



01062004 Chg-LP CR2E003 (10/03)

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

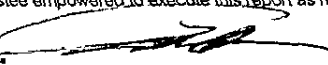
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P13599 NORTHERN SALINE, INC. 26657 WOODWARD AVE., STE. 100 HUNTINGTON WOODS, MI 48070	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROGAL, RAYMOND J. 790 W. LINCOLN BIRMINGHAM, MI 48009	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	QUEEN, GARY F TRUSTEE 2915 SR 590, SUITE 21 CLEARWATER, FL 33759	STREET ADDRESS CITY-ST-ZIP	
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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

2/6/04 (727) 796-7123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE