2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A31136

1. Entity Name
ATRIUM ASSOCIATES OF PINELLAS, LTD.

Principal Place of Business	Mailing Address
2915 SR 590 SUITE 21 CLEARWATER, FL 33759	2915 SR 590 SUITE 21 CLEARWATER, FL 33759

01202005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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 #	P13599	STREET ADDRESS	100000230029
NAME	NORTHERN SALINE, INC.	CITY-ST-ZIP	02/15/05-80025-004 526.25
STREET ADDRESS	26657 WOODWARD AVE., STE. 100		
CITY-ST-ZIP	HUNTINGTON WOODS, MI 48070		
DOCUMENT #		STREET ADDRESS	
NAME	ROGAL, RAYMOND J.	CITY-ST-ZIP	
STREET ADDRESS	790 W. LINCOLN		
CITY-ST-ZIP	BIRMINGHAM, MI 48009		
DOCUMENT #		STREET ADDRESS	
NAME	QUEEN, GARY F TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	2915 SR 590, SUITE 21		
CITY-ST-ZIP	CLEARWATER, FL 33759		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 2/7/05 (727)796-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #