


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 02, 2007 08:00 A
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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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01092007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3050319	Applied For Not Applicable
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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00


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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROGAL, RAYMOND J. 790 W. LINCOLN BIRMINGHAM, MI 48009	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	QUEEN, GARY F TRUSTEE 2915 SR 590, SUITE 21 CLEARWATER, FL 33759	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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 04/10/07-80050-005 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
 2/8/07 (727) 796-7123

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