


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A31136**

1. Entity Name  
**ATRIUM ASSOCIATES OF PINELLAS, LTD.**



Principal Place of Business      Mailing Address


**2915 SR 590**                              **2915 SR 590**  
**SUITE 21**                                      **SUITE 21**  
**CLEARWATER, FL 33759**                      **CLEARWATER, FL 33759**

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



01082008      Chg-LP      CR2E003 (12/06)

4. FEI Number  
**59-3050319**      Applied For  
 No: 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. 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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

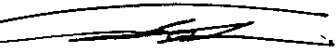
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P13599</b> <b>NORTHERN SALINE, INC.</b> <b>26657 WOODWARD AVE., STE. 100</b> <b>HUNTINGTON WOODS, MI 48070</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ROGAL, RAYMOND J.</b> <b>790 W. LINCOLN</b> <b>BIRMINGHAM, MI 48009</b>	CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>QUEEN, GARY F TRUSTEE</b> <b>2915 SR 590, SUITE 21</b> <b>CLEARWATER, FL 33759</b>	STREET ADDRESS	
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 04/23/08-90029-013 500.00

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**      **2/8/08**      **727-796-7123**

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