


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

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A94000001849					
1. Entity Name ATRIUM LAUDERHILL SHOPPING CENTER, LTD.					
Principal Place of Business 2525 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020			Mailing Address 2525 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0543039	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ATRIUM LAUDERHILL SHOPPING CENTER, INC. 2525 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,013,000.00		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 #	P94000092873		STREET ADDRESS		
NAME	ATRIUM LAUDERHILL SHOPPING CENTER, INC.		CITY-ST-ZIP		
STREET ADDRESS	2525 HOLLYWOOD BOULEVARD			000000082778	
CITY-ST-ZIP	HOLLYWOOD, FL 33020			03/10/04-80010-022 526.25	
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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: <u>Gregory Atria</u>		as President		Date: 2-23-04	
				Daytime Phone #: 922-6910	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Gregory Atria					

STAPLE CHECK HERE

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