

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED  
Mar 08, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # A94000001849**

1. Entity Name

ATRIUM LAUDERHILL SHOPPING CENTER, LTD.



|   |   |
|---|---|
| Principal Place of Business<br>2525 HOLLYWOOD BOULEVARD<br>HOLLYWOOD FL 33020 | Mailing Address<br>2525 HOLLYWOOD BOULEVARD<br>HOLLYWOOD FL 33020 |
|---|---|



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE      CR2E003 (10/06)

City & State

City & State

4. FEI Number

65-0543039

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ATRIUM LAUDERHILL SHOPPING CENTER, INC.  
2525 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020

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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\*. Make check payable to Florida Department of State.**

**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  
NAME ATRIUM LAUDERHILL SHOPPING CENTER, INC.  
STREET ADDRESS 2525 HOLLYWOOD BOULEVARD  
CITY-ST-ZIP HOLLYWOOD FL 33020

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

U00000660435  
03/19/07-80026-010 500.00

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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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Cory Altieri* President 3307 922-6410

Date

Daytime Phone #

STAPLE CHECK HERE