

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

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



DOCUMENT # A94000001851
1. Entity Name
ATRIUM HALLANDALE SHOPPING CENTER, LTD.

Principal Place of Business Mailing Address
**2525 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020** **2525 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**



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

4. FEI Number Applied For
65-0543041 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent
**ATRIUM HALLANDALE SHOPPING CENTER, INC.
2525 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

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. * 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	
DOCUMENT #	P94000092869
NAME	ATRIUM HALLANDALE SHOPPING CENTER, INC.
STREET ADDRESS	2525 HOLLYWOOD BOULEVARD
CITY - ST - ZIP	HOLLYWOOD FL 33020
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
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CITY - ST - ZIP	
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CITY - ST - ZIP	

U00000660434
03/19/07-80026-009 500.00

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: Q. Albeei as President 3/13/07 954-922-6410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE