

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000003889 (1)

1. Corporation Name

ATRIUM APARTMENTS, INC.



Principal Place of Business: C/O THE RELATED COMPANIES, L.P. 625 MADISON AVE. NEW YORK NY  
Mailing Address: C/O THE RELATED COMPANIES, L.P. 625 MADISON AVE. NEW YORK NY

3. Date Incorporated or Qualified <b>08/11/1995</b>	3a. Date of Last Report
4. FEI Number <b>APPLIED FOR</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1,300 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent's signature required for re-registration) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MARRON, EDWARD W JR 625 MADISON AVE., 9TH FLOOR NEW YORK NY 10022	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V LEVINE, DAVID 625 MADISON AVE., 9TH FLOOR NEW YORK NY 10022	1.2 NAME	
STREET ADDRESS	S SOLOKOVIC, JOHN 625 MADISON AVE., 9TH FLOOR NEW YORK NY 10022	1.3 STREET ADDRESS	
CITY-ST-ZIP	D AUGENBLICK, ANDREW 625 MADISON AVE., 9TH FLOOR NEW YORK NY 10022	1.4 CITY-ST-ZIP	
TITLE	D BOWERS, BRYAN ONE CHASE MANHATTAN PLAZA, 44TH FLOOR NEW YORK NY 10005	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LOVSTEAD, H S ONE CHASE MANHATTAN PLAZA, 44TH FLOOR NEW YORK NY 10005	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Sokolovic, John
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

900001736369  
-03/07/96--01107--005  
\*\*\*200.00

27  
37

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Sokolovic*  
John Sokolovic, Secretary

Date

Daytime Phone #

CR2E034 (12/95)