

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 20 AM 9:06

DOCUMENT # F9500003889

1. Entity Name
Atrium Apartments, Inc.

Principal Place of Business Mailing Address
c/o The Related Companies, Same
L.P. Attn: Legal Dept.
625 Madison Avenue
NY, NY 10022

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
13-3842047 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

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President David Levine, 625 Madison Ave, NY, NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President John Sokolovic, 625 Madison Ave, NY, NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Robert Cahn, 625 Madison Avenue, NY, NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paul Hellmers, 625 Madison Avenue, NY, NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeff T. Blau, 625 Madison Avenue, NY, NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Micheal Brenner, 625 Madison Avenue, NY, NY 10022 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

600004433536-6

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeff Blau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/01

212 421-5333

Date

1 Daytime Phone #

Jeff Blau

CR2E034 (11/00)



ACCOUNT NO. : 072100000032

REFERENCE : 193832 4321791

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 550.00

ORDER DATE : June 20, 2001

ORDER TIME : 4:21 PM

ORDER NO : 193832-005

CUSTOMER NO : 4321791

Ms. Kailah Spencer
The Related Companies, Inc.
625 Madison Avenue, 9th Floor

New York, NY 10022

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN 20 PM 4:33
NET 11:20 AM
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: ATRIUM APARTMENTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____