FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

ATRIUM AT CLEARWATER, LIMITED



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A9300001209



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TALLAHASSEE, FLORIUA



			Jf 12/	
Mailing Address C/O WALTER J. MACKEY, JR.	Principal Office Address C/O WALTER J. MACKEY, JR. 1601 FORUM PLACE, SUITE 805	3. Date Formed or Registered 11/19/1993	5a. Capital Contributions as Shown on record \$8,100,000.00	
1801 FORUM PLACE, SUITE 805 WEST PALM BEACH FL 33401	WEST PALM BEACH FL 33401	3a. Date of Last Report 12/29/1995		
		12/28/1830	5b. Amount of Capital Contributions in FLORIDA	
		4. State or Country of Formation	to date	
2. Mailing Address	2a. Principal Office Address	FL.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3209703	Applied For Not Applicable	
City & State	City & State		Not Applicable	
•		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country		Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)		
Q Name and Address of Curr	and Special and Appear	10. If changed, new Registers	ad Apent/Office	

	JK 11	
3. Date Formed or Registered 11/19/1993	58. Capital Contributions as Shown on record \$8,100,000-00 5b. Amount of Capital Contributions in FLORIDA	
3a. Date of Last Report 12/29/1995		
4. State or Country of Formation	to date:	
6. FEI Number 59-3209703	Applied For Not Applicable	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
MACKEY, WALTER J JR.	Name		
772 LAGOON DRIVE	Street Address (P.O. Box Number Is Not Acc	ceptable)	
NORTH PALM BEACH FL 33408	Suite, Apt. #, etc		
	City	FL Zip Code	
Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the	above-named (imited partnership organized or registered un	nder the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ATRIUM AT CLEARWATER, INCOF	RP 1601 FORUM PLACE, SUI	WEST PALM BEACH FL 33 4000020	P93000080063
		-12/19/ ****57	′9601047 009
*			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership receiver or trustee empowered to execute this report as required by chapter 620. Florida Stalutes.

SIGNATURE BY:

DATE 12-12-96