

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 24 PM 3: 23



1. Name of Limited Partnership

1a. DOCUMENT #
A31136

ATRIUM ASSOCIATES OF PINELLAS, LTD.

Mailing Address

3040 GULF TO BAY BLVD #205
CLEARWATER F: 33759

Principal Office Address

3040 GULF TO BAY BLVD #205
CLEARWATER F: 33759

3. Date Formed or Registered

01/30/1991

5a. Capital Contributions as
Shown on record.

\$100,000.00

3a. Date of Last Report

03/20/1998

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number

59-3050319

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

~~ROSTON, WILLIAM R X
ECONOMICS MANAGEMENT, INC.
3040 GULF TO BAY BLVD SUITE 205
CLEARWATER FL 33759
XXXXXXXXXXXX~~

10. If changed, new Registered Agent/Office

Name
Gary F. Queen

Street Address (P.O. Box Number Is Not Acceptable)

2915 SR 590

Suite, Apt. #, etc.

Suite 21

City

Clearwater

FL

Zip Code

33759

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under 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)

DATE 3/15/99

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

NORTHERN SALINE, INC.

24715 FIVE MILE ROAD

REDFORD MI 48239

P13599

ROGAL, RAYMOND J.

~~602 E LINCOLN 788~~ W. Lincoln

BIRMINGHAM MI 48009

1110001221314011 01
-01/06/99 01089 010
***520.25 ***4325.75

4-2-99

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 Statutes.

SIGNATURE

P. O'Neill

DATE

3/15/99

Typed or Printed Name of General Partner Signing Form

Patrick J. O'Neill

Daytime Telephone Number (727) 725-9537

CR2E003 (12/98)