

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # A31136

1. Entity Name
ATRIUM ASSOCIATES OF PINELLAS, LTD.



Principal Place of Business
2915 SR 590
SUITE 21
CLEARWATER, FL 33759

Mailing Address
2915 SR 590
SUITE 21
CLEARWATER, FL 33759



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-LP CR2E003 (10/03)

4. FEI Number

59-3050319

Applied For

Not Applicable

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

QUEEN, GARY F
2915 SR 590
SUITE 21
CLEARWATER, FL 33759

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record. **\$100,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P13599**
 NAME **NORTHERN SALINE, INC.**
 STREET ADDRESS **26657 WOODWARD AVE., STE. 100**
 CITY-ST-ZIP **HUNTINGTON WOODS, MI 48070**

STREET ADDRESS
 CITY-ST-ZIP

000000069194
 02/28/04-80002-006 526.25

DOCUMENT #
 NAME **ROGAL, RAYMOND J.**
 STREET ADDRESS **790 W. LINCOLN**
 CITY-ST-ZIP **BIRMINGHAM, MI 48009**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME **QUEEN, GARY F TRUSTEE**
 STREET ADDRESS **2915 SR 590, SUITE 21**
 CITY-ST-ZIP **CLEARWATER, FL 33759**

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

14. 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 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

Gary F. Queen
Trustee

2/6/04 (727) 796-7123

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE