
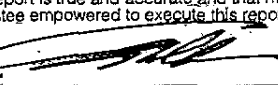


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

|  |                               |         |  |   |                                       |
|--|-------------------------------|---------|--|---|---------------------------------------|
| <b>DOCUMENT # A31136</b><br>1. Entity Name<br>ATRIUM ASSOCIATES OF PINELLAS, LTD.  |                               |         |  |                                  |                                       |
| Principal Place of Business<br>2915 SR 590<br>SUITE 21<br>CLEARWATER, FL 33759   |                               |         | Mailing Address<br>2915 SR 590<br>SUITE 21<br>CLEARWATER, FL 33759 |   |                                       |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                               |         | 3. Mailing Address<br>Suite, Apt. #, etc.                          |   |                                       |
| City & State   |                               |         | City & State   |   |                                       |
| Zip  |                               | Country |  | Zip   |                                       |
| Country  |                               | Country |  | 4. FEI Number<br><b>59-3050319</b>  |                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                               |         |  | Applied For<br>Not Applicable   |                                       |
| 6. Name and Address of Current Registered Agent<br><b>QUEEN, GARY F</b><br><b>2915 SR 590</b><br><b>SUITE 21</b><br><b>CLEARWATER, FL 33759</b>  |                               |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                       |
| 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.  |                               |         |  | \$8.75 Additional Fee Required  |                                       |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                               |         |  |   |                                       |
| 9. Capital Contributions as Shown on record. <b>\$100,000.00</b>   |                               |         | 10. Amount of Capital Contributions in FLORIDA to date.            |   |                                       |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                               |         |  |   |                                       |
| <b>12. GENERAL PARTNER INFORMATION</b>   |                               |         | <b>13. ADDRESS CHANGES ONLY</b>                                    |   |                                       |
| DOCUMENT #   | P13599                        |         | STREET ADDRESS   | 1100000230029   |                                       |
| NAME   | NORTHERN SALINE, INC.         |         | CITY-ST-ZIP  | 02/15/05-80025-004 526.25   |                                       |
| STREET ADDRESS   | 26657 WOODWARD AVE., STE. 100 |         |  |   |                                       |
| CITY-ST-ZIP  | HUNTINGTON WOODS, MI 48070    |         |  |   |                                       |
| DOCUMENT #   | ROGAL, RAYMOND J.             |         | STREET ADDRESS   |   |                                       |
| NAME   | 790 W. LINCOLN                |         | CITY-ST-ZIP  |   |                                       |
| STREET ADDRESS   | BIRMINGHAM, MI 48009          |         |  |   |                                       |
| CITY-ST-ZIP  |                               |         |  |   |                                       |
| DOCUMENT #   | QUEEN, GARY F TRUSTEE         |         | STREET ADDRESS   |   |                                       |
| NAME   | 2915 SR 590, SUITE 21         |         | CITY-ST-ZIP  |   |                                       |
| STREET ADDRESS   | CLEARWATER, FL 33759          |         |  |   |                                       |
| CITY-ST-ZIP  |                               |         |  |   |                                       |
| DOCUMENT #   |                               |         | STREET ADDRESS   |   |                                       |
| NAME   |                               |         | CITY-ST-ZIP  |   |                                       |
| STREET ADDRESS   |                               |         |  |   |                                       |
| CITY-ST-ZIP  |                               |         |  |   |                                       |
| DOCUMENT #   |                               |         | STREET ADDRESS   |   |                                       |
| NAME   |                               |         | CITY-ST-ZIP  |   |                                       |
| 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)(f), 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. |                               |         |  |   |                                       |
| <b>SIGNATURE:</b>   |                               |         | <b>Gary F. Queen</b><br><b>Trustee</b>                             |   |                                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                               |         | Date <b>2/7/05</b>   |   | Daytime Phone # <b>(727) 796-7123</b> |

STAPLE CHECK HERE