2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # A31136

1. Entity Name
ATRIUM ASSOCIATES OF PINELLAS, LTD.

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

01122006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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

DOCUMENT #	P13599
NAME	NORTHERN SALINE, INC.
STREET ADDRESS	26657 WOODWARD AVE., STE. 100
CITY-ST-ZIP	HUNTINGTON WOODS, MI 48070
DOCUMENT #	
NAME	ROGAL, RAYMOND J.
STREET ADDRESS	790 W. LINCOLN
CITY-ST-ZIP	BIRMINGHAM, MI 48009
DOCUMENT #	
NAME	QUEEN, GARY F TRUSTEE
STREET ADDRESS	2915 SR 590, SUITE 21
CITY-ST-ZIP	CLEARWATER, FL 33759
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000563599
05/20/06-80017-021 550.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE: _____ Gary F. Queen Trustee 2/7/06 (727) 796-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #