

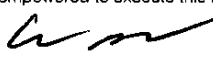


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90017 037 ****50.00

DOCUMENT # L05000046995 1. Entity Name ATRIUM 203, LLC					
Principal Place of Business 631 US HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408 US			Mailing Address 631 US HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03172006 Chg-LLC CR2E083 (11/05)				4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20-2862674 </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent STAVIS, GARY 631 US HIGHWAY ONE SUITE 100 NORTH PALM BEACH, FL 33408	
7. Name and Address of New Registered Agent Name ALAN TARPELL Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 631 US HWY ONE </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> SUITE 100 </div> City NORTH PALM BEACH, FL Zip Code 33408				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARPELL, ALAN 631 US HIGHWAY ONE - SUITE 100 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, DAN 631 US HIGHWAY ONE - SUITE 100 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENZ, DAVID 631 US HIGHWAY ONE - SUITE 100 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLEMMING, CHARLES 631 US HIGHWAY ONE - SUITE 100 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  ALAN TARPELL 4/21/06 561 840-4777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					