

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A92000000169**

1. Entity Name

ATRIUM FINANCIAL CENTER, LTD.



Principal Place of Business

Mailing Address

1515 N. FEDERAL HIGHWAY  
SUITE 306  
BOCA RATON FL 33432

1515 N. FEDERAL HIGHWAY  
SUITE 306  
BOCA RATON FL 33432



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0404833

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E003 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENSHEIMER, MARK A  
1515 N. FEDERAL HIGHWAY  
SUITE 306  
BOCA RATON FL 33432

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P92000002921  
ATRIUM FINANCIAL CENTER, INC.  
1515 N. FEDERAL HIGHWAY  
BOCA RATON FL 33432

STREET ADDRESS

CITY - ST - ZIP

000000739137  
05/14/07-80012-015 500.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P92000002944  
PENN-FLORIDA VENTURE II, INC.  
1515 N. FEDERAL HIGHWAY  
BOCA RATON FL 33432

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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:

*Mark A. Gensheimer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-07

Date

Mark A. Gensheimer, President  
Atrium Financial Center, Inc.  
General Partner  
Atrium Financial Center, Ltd.

Daytime Phone #

STAPLE CHECK HERE