

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001497**

1. Entity Name  
**ATRIUM PROJECT PARTNERSHIP, LTD.**



Principal Place of Business  
**C/O HARRIS CRAMER LLP  
1555 PALM BEACH LAKES BLVD., STE. 310  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O HARRIS CRAMER LLP  
1555 PALM BEACH LAKES BLVD., STE. 310  
WEST PALM BEACH, FL 33401**



04082008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1153285**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRIS CRAMER LLP  
1555 PALM BEACH LAKES BLVD., STE. 310  
WEST PALM BEACH, FL 33401**

**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

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

11000000925273

05/20/08 00025 003 508.75

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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 # **P01000108334**  
NAME **ATRIUM GENERAL PARTNER, INC.**  
STREET ADDRESS **1555 PALM BEACH LAKES BLVD., STE. 310**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

DOCUMENT #  
NAME  
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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-22-08**

**905-882-1212**

Date

Daytime Phone #

By: **Fabrizio Lucchese, President**

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