


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A0100001572**

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



Principal Place of Business      Mailing Address  
**C/O DARYL CRAMER & ASSOCIATES, P.A.**      **C/O DARYL CRAMER & ASSOCIATES, P.A.**  
**3801 PGA BLVD SUITE 508**      **3801 PGA BLVD SUITE 508**  
**PALM BEACH GARDENS, FL 33410-2758**      **PALM BEACH GARDENS, FL 33410-2758**

2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03022004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

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

**DARYL CRAMER & ASSOCIATES, P.A.**  
**3801 PGA BOULEVARD STE. 508**  
**PALM BEACH GARDENS, FL 33410-2758**

**7. Name and Address of New Registered Agent**

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

9. Capital Contributions as Shown on record.      **\$888,000.00**      10. Amount of Capital Contributions in FLORIDA to date.      **\$888,000.00**

**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 #      | <b>P01000108334</b>                     |
| NAME            | <b>ATRIUM GENERAL PARTNER, INC.</b>     |
| STREET ADDRESS  | <b>3801 PGA BOULEVARD STE. 508</b>      |
| CITY - ST - ZIP | <b>PALM BEACH GARDENS, FL 334102758</b> |
| DOCUMENT #      |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| DOCUMENT #      |   |
| NAME            |   |
| STREET ADDRESS  |   |
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| NAME            |   |
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| CITY - ST - ZIP |   |
| DOCUMENT #      |   |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

**13. ADDRESS CHANGES ONLY**

|                 |  |
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| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
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**U00000159729**  
**05/18/04-80043-006-535.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Atrium General Partner, Inc.      MAR 03 1/04  
 By: \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE