



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JAN 17 AM 8:21

DOCUMENT # A04000001639 1. Entity Name ATRIUM-SAN REMO ASSOCIATES, LTD.					
Principal Place of Business 1450 MADRUGA AVENUE, SUITE 303 CORAL GABLES, FL 33146				Mailing Address 1450 MADRUGA AVENUE, SUITE 303 CORAL GABLES, FL 33146	
2. Principal Place of Business 1500 San Remo Avenue Suite, Apt. #, etc. Suite 410		3. Mailing Address 1500 San Remo Avenue Suite, Apt. #, etc. Suite 410			
City & State Coral Gables, Fl		City & State Coral Gables, Fl		4. FEI Number 74-3132579	
Zip 33146		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EBIN, LINDA ESQ. C/O COBB & EBIN P.A. 825 BRICKELL BAY DRIVE, SUITE 1648 MIAMI, FL 33131-2920				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000132509		STREET ADDRESS	1500 San Remo Avenue, Suite 410	
NAME	ATRIUM-SAN REMO CORP.		CITY-ST-ZIP	Coral Gables, Fl 33146	
STREET ADDRESS	1450 MADRUGA AVENUE, SUITE 303				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
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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: <u>Eugenio J. Coscolluela</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1/13/06 305-662-6840 <small>Date Daytime Phone #</small>		

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