

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # A04000001639

1. Entity Name
ATRIUM-SAN REMO ASSOCIATES, LTD.



Principal Place of Business
**1500 SAN REMO AVENUE
SUITE 410
CORAL GABLES, FL 33146**

Mailing Address
**1500 SAN REMO AVENUE
SUITE 410
CORAL GABLES, FL 33146**



01082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

74-3132579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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**

**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

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # **P04000132509**
NAME **ATRIUM-SAN REMO CORP.**
STREET ADDRESS **1500 SAN REMO AVENUE, SUITE 410**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

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000000710955

04/25/07-80064-002 500.00

**DO NOT WRITE
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: _____

Eugenio Cosculluela

4/12/07

305-662-6740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE