

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # A31136

1. Entity Name
ATRIUM ASSOCIATES OF PINELLAS, LTD.



Principal Place of Business

**2915 SR 590
SUITE 21
CLEARWATER, FL 33759**

Mailing Address

**2915 SR 590
SUITE 21
CLEARWATER, FL 33759**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3050319

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUEEN, GARY F
2915 SR 590
SUITE 21
CLEARWATER, FL 33759**

**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, 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

DOCUMENT # **P13599**
NAME **NORTHERN SALINE, INC.**
STREET ADDRESS **26657 WOODWARD AVE., STE. 100**
CITY-STATE-ZIP **HUNTINGTON WOODS, MI 48070**

DOCUMENT #
NAME **ROGAL, RAYMOND J.**
STREET ADDRESS **790 W. LINCOLN**
CITY-STATE-ZIP **BIRMINGHAM, MI 48009**

DOCUMENT #
NAME **QUEEN, GARY F TRUSTEE**
STREET ADDRESS **2915 SR 590, SUITE 21**
CITY-STATE-ZIP **CLEARWATER, FL 33759**

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U00000563599
05/20/06-80017-021 550.00

**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: _____

Gary F. Queen
Trustee

2/7/06 (727) 796-7123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE