2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A92000000169

1. Entity Name
ATRIUM FINANCIAL CENTER, LTD.

Principal Place of Business	Mailing Address
1515 N. FEDERAL HIGHWAY SUITE 306 BOCA RATON, FL 33432	1515 N. FEDERAL HIGHWAY SUITE 306 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

02132008 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-0404833
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GENSHEIMER, MARK A
1515 N. FEDERAL HIGHWAY
SUITE 306
BOCA RATON, FL 33432

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.

000000938534
05/27/08-80096-003 500.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

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 #	P92000002921
NAME	ATRIUM FINANCIAL CENTER, INC.
STREET ADDRESS	1515 N. FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON, FL 33432
DOCUMENT #	P92000002944
NAME	PENN-FLORIDA VENTURE II, INC.
STREET ADDRESS	1515 N. FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON, FL 33432
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mark A. Gensheimer
President