


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

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001850					
1. Entity Name ATRIUM HOLLYWOOD APARTMENTS, LTD.					
Principal Place of Business 2525 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020			Mailing Address 2525 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02132004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0543038	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ATRIUM HOLLYWOOD APARTMENTS, INC. 2525 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 date if applicable.</small>					
9. Capital Contributions as Shown on record. \$857,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P94000092871		STREET ADDRESS		
NAME	ATRIUM HOLLYWOOD APARTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	2525 HOLLYWOOD BOULEVARD				
CITY-ST-ZIP	HOLLYWOOD, FL 33020				
DOCUMENT #			STREET ADDRESS	U00000082796	
NAME			CITY-ST-ZIP	03/10/04-80012-001 526.25	
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Gregory Atria</i>			Date: 2-23-04 954 922-6410		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE