## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A94000001852

97 DEC 18 AM 9: 37

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA



	ATRIUM HOLLYWOOD HOMES, LTD.				
	·			01/2/24	
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
2525 HOLLYWOOD BOULEVARD	2525 HOLLYWOOD BOULEVARD	· ·	12/29/1994	\$120,000.00	
HOLLYWOOD FL 33020	HOLLYWOOD FL 33020		3a. Date of Last Report		
			12/20/1996	5b. Amount of Capital Contributions in Ft ORIDA to date:	
2. Malling Address	28. Principal Office Address		4. State or Country of Formation	\$120,000,00	
Suite, Apt. #, etc.			6. FEI Number	☐ Applied For	
City & State			65-0543035	Not Applicable	
	O- min		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Ζφ	Zip Country		8. Make check payable to: Dept. of State (Soo reverse side for fee Information)	
9. Name and Address of Current Registered Agent		10. If changed, new Hegistered Agent/Office Name			
ATRIUM HOLLYWOOD HOMES, INC.		Street Addres	ss (P.O. Box Number Is Not Acceptable)	2 <b>3853073</b> 0/9701018004	
2525 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020		Suite, Apt. #, etc.			
		Outo, i v. ii, oto.			
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.105					
for the purpose of changing its registered office agent. I am familiar with, and accept the obligations are the control of the	e or registered agent, or both, in the State of I ations of section 620,192, Florida Statutes		· · · · · · · · · · · · · · · · · · ·	proby accept the appointment of registered	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA	o or registered agent, or both, in the State of I ations of section 620.192, Florida Statutes	Horida, Such chang	pe was authorized by its general partner(s). I h	proby accept the appointment of registered	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligs SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAM	o or registered agent, or both, in the State of I ations of section 620, 192, Florida Statutes  AT IS A CORPORATION, JST BE REGISTERED A	LIMITED I	DATPARTNERSHIP OR OTH	E. BUSINESS ENTITY  Registration/	
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12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of Opporations from any liability of non-compinents
this annual report is true and accurate and that my signature shall have the semiempowered to execute this report as required by chapter 620, Florida Struttes. Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effects as it made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE -

Typed or Printed Name of General Partner Signing Form

Gregory Atria

DATE DATE (3, (997)

Daytime Telephone Number 954-972-6410