2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

Feb 02, 2005 08:00 AM DOCUMENT # A94000001852 Secretary of State 1. Entity Name ATRIUM HOLLYWOOD HOMES, LTD. Principal Place of Business Mailing Address 2525 HOLLYWOOD BOULEVARD 2525 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0543035 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATRIUM HOLLYWOOD HOMES, INC. 2525 HOLLYWOOD BOULEVARD Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 Zip Code 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$120,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # P94000092835 STREET ADORESS ATRIUM HOLLYWOOD HOMES, INC. NAME STREET ADDRESS 2525 HOLLYWOOD BOULEVARD CHY-SI-JIP CHA-21-96 HOLLYWOOD FL 33020 DOCUMENT # STREET ADDRESS NA VIE STREET ADDRESS City-St-219 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # SIREET ADDRESS STREET ADDRESS CITY-SE-7/P CSFY-51-709 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)(i), 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

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