

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 29 PM 12:19 #112



1. Name of Limited Partnership		1a. DOCUMENT # A95000001962
ATRIUM ASSOCIATES, LTD.		

Mailing Address C/O DELMA ATRIUM CORP. 545 MADISON AVE., 17TH FLOOR NEW YORK NY 10022	Principal Office Address C/O DRS-MIAMI 3900 NW 78TH AVE., STE. 567 MIAMI FL 33166
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/15/1995	5a. Capital Contributions as Shown on record \$5,000,000.00
3a. Date of Last Report 05/20/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	6. FEI Number 13-3893032 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DR., STE. 500 EAST WEST PALM BEACH FL 33401-6194
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10. If changed, now Registered Agent/Office
Name
Street Address (P.O. Box Number is not acceptable) 300002397673--8
Suite, Apt. #, etc. -01/13/38--01004--006
City ***550.00 ***550.00
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) DELMA ATRIUM CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 545 MADISON AVENUE, 1	11b. City, State & Zip Code NEW YORK NY 10022	11c. Registration/Document Number F9500006111
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 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 legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

BY: *Patrick D. Barrett*
SIGNATURE _____ DATE **12/22/99**
Typed or Printed Name of General Partner Signing Form **PATRICK D. BARRETT, IRS EVID** Daytime Telephone Number **212-355-4335**

CR2E003 (6/97)