

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

LR  
11/5  
**FILED**  
98 NOV -5 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001962**

**ATRIUM ASSOCIATES, LTD.**



Mailing Address

Principal Office Address

C/O DELMA ATRIUM CORP.  
545 MADISON AVE., 17TH FLOOR  
NEW YORK NY 10022

C/O DRS-MIAMI  
3900 NW 79TH AVE., STE. 567  
MIAMI FL 33166

3. Date Formed or Registered

12/15/1995

5a. Capital Contributions as  
Shown on record.

\$5,000,000.00

3a. Date of Last Report

12/29/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

6. FEI Number

13-3893032

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

444 MADISON AVENUE

Suite, Apt. #, etc.  
12<sup>TH</sup> FLOOR

City & State  
NEW YORK NY

Zip Country  
10022 NEW YORK

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

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

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

600002682666-3  
-11/09/98--01005--024  
\* \* \* \* \* 526.25 FL 25

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)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

DELMA ATRIUM CORP.

545 MADISON AVENUE, 1  
444 MADISON AVENUE  
12<sup>TH</sup> FLOOR

NEW YORK NY 10022

F95000006111

**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: DELMA ATRIUM CORP. - GENERAL PARTNER  
SIGNATURE *[Signature]*

DATE **OCTOBER 12, 1998**

Typed or Printed Name of General Partner Signing Form **PATRICK D. BARNOT, EXEC VP** Daytime Telephone Number **212-355-4335**

CR2E003 (8/98)