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DELMA PROPERTIES, INC.  
REAL ESTATE INVESTORS  
444 MADISON AVENUE, SUITE 1204  
NEW YORK, NEW YORK 10022

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-11/09/99--01019--001  
\*\*\*\*280.00 \*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1. Atrium Associates, LTD.  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certificate of Status
- Mail out       Will wait       Photocopy       Certificate of Status

99 NOV -9 PM 11:44  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

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Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ATRIUM ASSOCIATES, LTD.

2. The mailing address of the limited liability company is : C/O. DELMA PROPERTIES, INC.  
444 MADISON AVENUE, SUITE 1204 NEW YORK, NY 10022

12/15/1995  
3. Date of filing/registration in Florida

A95000001962  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

VALDES-FAULI CORPORATE SERVICES  
Name  
777 SOUTH FLAGLER DR. SUITE 500 EAST  
Address  
WEST PALM BEACH, FLORIDA 33401-6194  
City, State and Zip

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6. The name and address of the new registered agent and/or office:

CT CORPORATION SYSTEMS  
Name  
1200 SOUTH PINE ISLAND ROAD  
Florida street address (P.O. Box NOT acceptable)  
PLANTATION, FLORIDA 33324  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.

By: DELMA ATRIUM CORP. MEMBER PARTNER  
(Signature of a member or authorized representative of a member)

PATRICK D. BARRETT, ITS EXEC. VICE PRESIDENT  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Charles W Meyer CHARLES W. MEYER  
(Signature of Registered Agent) ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314