

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001962**
 1. Entity Name
ATRIUM ASSOCIATES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUN 27 PM 1:29

Principal Place of Business
**40 DRS-MIAMI
 3900 NW 79th AVE
 SUITE 507
 MIAMI, FLORIDA 33166**

Mailing Address **C/O DELMA PROPERTIES INC.
 444 MADISON AVENUE
 SUITE 1204
 NEW YORK, NY 10022**

mf

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
13-3893032

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **CT CORPORATION SYSTEMS**
 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
 City **PLANTATION** FL Zip Code **33324**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #	F95000006111
NAME	DELMA ATRIUM CORP.
STREET ADDRESS	444 MADISON AVENUE, SUITE 1204
CITY-ST-ZIP	NEW YORK, NEW YORK 10022

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	300003312489--3
STREET ADDRESS	-07/05/00--01016--009
CITY-ST-ZIP	*****80.00 *****80.00
STREET ADDRESS	300003312489--3
CITY-ST-ZIP	-07/05/00 01016 010
STREET ADDRESS	*****446.25 *****446.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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

SIGNATURE: **Seta Toroyan, Corporate Secretary** *4/28/00* (212) **355-4335**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)