

Document Number Only

B95000000290

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

G. TAX	_____
FILING	52.50
R. AGENT FEE	35.00
2. COPY	_____
TOTAL	87.50
V. BANK	_____
BALANCE DUE	_____
FFIING	_____

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 AUG - 11 PM

Atrium Apartments, limited Partnership

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 AUG 11 PM 3:04

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> CUS/ G/S |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

Name Availability	BK
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

8/11/95 3:00
8/11/95
COBALT
1209
W/1209 on the
19801

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

500001560185
-08/15/95--01047--011
*****87.50 *****87.50

file 2nd

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG - 11 PM 3:04

1. Atrium Apartments, L.P.
(Name of limited partnership as it is in the home state;

2. Atrium Apartments, Limited Partnership
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware (State of Formation) 4. August, 1995 (Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)
Plantation, Florida 33324
(City) (Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 11 PM 3:04

7. Acceptance by the Registered Agent for Service of Process.

Connie Bryan
CONNIE BRYAN (Officer must sign on this line)
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

8. Corporation Trust Center, 1209 Orange Street, Wilmington, DE 19801
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

SPECIFIC ADDRESS

Atrium Apartments, Inc.

625 Madison Avenue

New York, New York 10022

\$45000063884

10. c/o The Related Companies, 625 Madison Avenue, NY, NY 10022
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. c/o The Related Companies, 625 Madison Avenue, NY, NY 10022
(Mailing Address of Limited Partnership)

This 11 day of August, 1995.
Atrium Apartments, Inc., general partner

Edward Marron
General Partner
By: Edward Marron, President

STATE OF New York

COUNTY OF New York

of Atrium Apartments, Inc.

THE FOREGOING instrument was acknowledged and sworn to before me this _____ day of _____, 1995, by Edward Marron, President of (Name of General Partner) of Atrium Apartments, L.P. (Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Ellen Ayers
Notary Public
State of _____ at Large

My Commission Expires: _____

(SEAL)

ELLEN A. AYERS
Notary Public, State of New York
No. 31-4973343
Qualified in New York County
Commission Expires 10-22-98

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG - 11 PM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 11 PM 3:04

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Atrium Apartments, Inc.

BEFORE ME, the undersigned, personally appeared David Levine, Vice President of, a general partner of Atrium Apartments, Inc., a (an) Delaware, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 99.00.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 99.00.

This 10th day of August, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

By: Edward Marron, General Partner
 By: Edward Marron, President

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 AUG 14 PM 3:04

STATE OF New York
 COUNTY OF New York
 DATE August 10, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Edward Marron President of the (General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 10th day of August, 1995.

Ellen Ayers
 Notary Public

Seal

State of _____ at Large
 My Commission Expires:

ELLEN A. AYERS
 Notary Public, State of New York
 No. 31-4973343
 Qualified in New York County
 Commission Expires 10-22-96

FILE ON OR BEFORE DECEMBER 31, THIS ANNUAL REPORT WILL BE SUBJECT TO REVOCATION AND \$800 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Landra M. Blumenthal
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 OCT 17 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
1a. DOCUMENT #
E95000000290

ATRIUM APARTMENTS, LIMITED PARTNERSHIP

Mailing Address: **C/O THE RELATED COMPANIES**
625 MADISON AVENUE
NEW YORK NY 10022

Principal Office Address: **CORPORATION TRUST CENTER**
1200 ORANGE STREET
WILMINGTON DE 19801

Suite, Apt. #, etc. **400.001617224**
City, State & Zip **-10/23/95--01027--U21**
*****191.25 ***191.25**

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc.

3. Date Formed or Registered to Do Business in **FLORIDA** **09/11/1995**
3a. Date of Last Report
4. State or Country of Formation **DE**

City, State & Zip

5a. Capital Contributions as Shown on Record **\$80.00**
5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number **13-3845326**
Applied For **7. CERTIFICATE OF STATUS REQUIRED**
Not Applicable

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
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

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
ATRIUM APARTMENTS, INC.	625 MADISON AVENUE	NEW YORK NY 10022	F95000003080
		AR - \$52.50 SF - \$138.75	
		10-19-95	

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.

SIGNATURE *John Sokolovic* DATE 9/29/95
Typed or Printed Name of General Partner Signing Form John Sokolovic, Secretary Telephone Number (212) 421-5333

CR2E003 (6/95)