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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

SIGNATURE

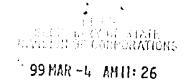
Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS



1. Name of Limited Partnership		1a. DOCUMENT # B95000000290					
ATRIUM APARTMEN	TS, LIMITED	PARTNERSHIP					
Mailing Address		Principal Office Address			Ja. Date of Last Report		al Contributions as
C/O THE RELATED COMPANIES 625 MADISON AVENUE NEW YORK NY 10022		CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19901					\$99.00
					10/07/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FL ORIDA to date	
2. Malling Address		2a. Principal Office Address			DE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number Applied For 13-3845356 Not Applied For		
City & State		City & State			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	y	Zip Country			Certificate of Status Desired \$8.75 Additional Fee Required Nake check payable to Dept of State (See reverse side for fee information)		
							
9. Name and	Address of Current Re	egistered Agent	Name		10, If changed, new Registere	d Agent/Office	
C T CORPORATION SYSTI 1200 SOUTH PINE ISLAND			L	ss (P.O. 8c	x Number is Not Acceptable)		
PLANTATION FL 33324		Suite, Apt. #, etc.		, etc.			
			City		*	FL	Zip Code
for the purpose of changing its	registered office or regi accept the obligations of	20.192, Florida Statutes, the above-name stered agent, or both, in the State of Florid section 620.192, Florida Statutes Maules W. Meye-	la Such change	e was autho	ized or registered under the laws of the vized by its general partner(s). I hereb LES VV. N.Z., Z.R. ASST. SECRETARY	y accept the a	da, submits this statement ppointment of registered
	NER THAT IS	S A CORPORATION, L BE REGISTERED AN	IMITED	PART	NERSHIP OR OTHE		NESS ENTITY
11. Name(s) of General Partner	(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c.	Registration/ Document Number
ATRIUM APARTMENTS, II	NC.	625 MADISON AVENUE		NEW YORK NY 10022		F95000003889	
•				4000027 -03/04/1 ****14		F9500003889 P94204	
				4000027942040 -03/04/8901038014 *******************************			2040 01038014
Note: General partne	rs MAY NOT	be changed on this form	n; an ame	endme	nt must be filed to ch	ange a g	eneral partner.
12. I do hereby certify that the inform	nation supplied with this	filing is voluntarily furnished and does not	qualify for the e	exemption :	stated in Section 119 07(3)(k), Florida	Statutes rele	ase 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