4 Entrit Ma		# F9500000388	39			DIVIS	URETARY SION OF C	ORPU	RATIONS	
1. Entity Name Atrium Apartments, Inc.						01 JUN 20 AM 9:06				
Pracipal Place of Business c/o The Related Companies, L.P. Attn: Legal Dept. 625 Madison Avenue NY, NY 10022			Mailing Address Same	<u>-</u>						
2. Principal Place of Business		3. Mailing Address			-					
Suite, Apr	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ite		City & State					Applied For Not Applicab]	
Zip		Country	Zip	Countr	у	5. Certificate of Status Des	ired	\$8.75 Fee Reg	Additional	
	6. Nam	and Address of Current	Registered Agent	<u> </u>	<u></u>	7. Name and Address of M	lew Registered			-
Corpo	ration	ServicenComp	anv		Name]
1201 Ha	1201 Hays Street Tallahassee, Florida 32301				Street Address	(P.O. Box Number is Not Accept	otable)			
				F	City		Fi	Zip	Code	-
B The chart	a parrod anti-	hy pulpimite this statement fo	the purpose of changes in			ered agent, or both, in the State		-		4
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SIGNATURE							•			
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	Signatore, typed	t or printed name of registered agent	and title if applicable. (NO)	TE. Registered /	Agent signature require	ed when reinstating)	DATE			
Tax filing	oration is elig	i or printed name of registered agent jible to satisfy its Intangible and elects to do so.	The second second second second second	ill FEE R DO'I Fee w	5 \$150.00 All be \$550.00	10. Election Campaig	gn Financing		5.00 May Be ded to Fees	
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	ACCOUNT NO.	:	07210000	0032	
	REFERENCE	:	193832	4321791	
١	AUTHORIZATION	:	-	Patucia Parito	
	COST LIMIT	:	\$ 550.00	00	
CUSTOMERS MS	June 20, 2001 4:21 PM 193832-005 4321791 Kailah Spencer Related Companie Madison Avenue,	es, 9t	Inc. h Floor		

ANNUAL REPORT FILING

NAME: ATRIUM APARTMENTS, INC.

XX ANNUAL REPORT

s. A

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: