

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90098 031 ****50.00

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DOCUMENT # L01000012841

1. Entity Name
ATRIUM DEVELOPMENT GROUP, LLC



Principal Place of Business Mailing Address

**C/O BRUCE W. PARRISH, JR., P.A.
105 S. NARCISSUS AVE., STE. 412
WEST PALM BEACH FL 33401**

**C/O BRUCE W. PARRISH, JR., P.A.
105 S. NARCISSUS AVE., STE. 412
WEST PALM BEACH FL 33401**

2. Principal Place of Business 3. Mailing Address

1415 Bear Island Dr **1415 Bear Island Dr**

Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State

West Palm Beach, FL **West Palm Beach, FL**

Zip Country Zip Country

33409 **USA** **33409** **USA**

4. FEI Number **32-0015491** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARRISH, BRUCE W JR, PA
105 S. NARCISSUS AVE., STE. 412
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	SCIWSEN, LAWRENCE	1415 BEER ISLAND DR	WEST PALM BEACH FL 33409	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Sciarr Sciarr, Lawrence	1415 Bear Island Dr	West Palm Beach FL 33409		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lawrence Sciarr **SIGNATURE REQUIRED** 4/24/03 561-262-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)