




**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

00000401

<b>DOCUMENT # L04000068999</b>						03-13-2007 90121 020 ****50.00																																					
1. Entity Name <b>THE ATRIUM LLC</b>																																											
Principal Place of Business <b>1200 N CENTRAL AVE KISSIMMEE, FL 34741 US</b>			Mailing Address <b>8044 FIRENZE BLVD. ORLANDO, FL 32836 US</b>			<b>00000001</b>																																					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>50 The Bywater Company</b>																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>105 E Robinson St, #540</b>		02272007 Chg-LLC CR2E083 (12/06)																																							
City & State		City & State <b>Orlando FL</b>		4. FEI Number <b>NOT APPLICABLE</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																					
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																																					
<b>32801</b>		<b>USA</b>																																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																							
<b>JENEMI ASSOCIATES, INC. 2295 S. HIAWASSEE ROAD, SUITE 411 ORLANDO, FL 32835</b>				Name																																							
				Street Address (P.O. Box Number is Not Acceptable)																																							
				City																																							
				<b>FL</b> 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 _____																																											
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>																																							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES																																							
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><b>MGR ELEMENT LIMITED CORP 17 PARK VILLAGE WEST LONDON, EN NW 14EA</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><b>MGRM UNWIN, TOBY 8044 FIRENZE BLVD ORLANDO, FL 32836</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr></table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ELEMENT LIMITED CORP 17 PARK VILLAGE WEST LONDON, EN NW 14EA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM UNWIN, TOBY 8044 FIRENZE BLVD ORLANDO, FL 32836</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																																											
<b>SIGNATURE:</b> 				Date _____ Daytime Phone # _____																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																											