



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90323 019 \*\*\*\*50.00

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # M06000000959</b><br>1. Entity Name<br><b>ATRIUM GP, LLC</b>  |  |    |  |
| Principal Place of Business<br><b>300 JOHN Q. HAMMONS PARKWAY, SUITE 900<br/>SPRINGFIELD, MO 65806</b>   |  | Mailing Address<br><b>300 JOHN Q. HAMMONS PARKWAY, SUITE 900<br/>SPRINGFIELD, MO 65806</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>6900 E. Camelback Road</b><br>Suite, Apt. #, etc.<br><b>Suite #607</b><br>City & State<br><b>Scottsdale, AZ</b><br>Zip<br><b>85253</b> Country<br><b>USA</b>  |  | 3. Mailing Address<br><b>6900 E Camelback Road</b><br>Suite, Apt. #, etc.<br><b>Suite #607</b><br>City & State<br><b>Scottsdale, AZ</b><br>Zip<br><b>85253</b> Country<br><b>USA</b>  |  |
| 4. FEI Number<br><b>20-3384892</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  | <b>10. ADDITIONS/CHANGES</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>EILIAN, JONATHAN D</b><br><b>1114 AVENUE OF THE AMERICAS, 27TH FLOOR</b><br><b>NEW YORK, NY 10036</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR</b><br><b>EILIAN, JONATHAN D.</b><br><b>6900 E. Camelback Rd - Suite #607</b><br><b>Scottsdale, AZ 85253</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>ABRAMS, DANIEL</b><br><b>1114 AVENUE OF THE AMERICAS, 27TH FLOOR</b><br><b>NEW YORK, NY 10036</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>President</b><br><b>RON C. BROWN</b><br><b>6900 E. Camelback Road - Suite #607</b><br><b>Scottsdale, AZ 85253</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Chief Financial Officer</b><br><b>GEORGE A. SANTORA</b><br><b>6900 East Camelback Rd - Suite #607</b><br><b>Scottsdale, AZ 85253</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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. |  |   |  |
| SIGNATURE:  <b>GEORGE A. SANTORA - AUTHORIZED REPRESENTATIVE</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  | Date <b>4/30/07</b><br>Phone <b>480-222-6035</b>  |  |