

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000959

Entity Name: ATRIUM GP, LLC

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

6900 E CAMELBACK RD STE 607
SCOTTSDALE, AZ 85253

New Principal Place of Business:

6900 E CAMELBACK RD STE 607
SCOTTSDALE, AZ 85251

Current Mailing Address:

6900 E CAMELBACK RD STE 607
SCOTTSDALE, AZ 85253

New Mailing Address:

6900 E CAMELBACK RD STE 607
SCOTTSDALE, AZ 85251

FEI Number: 20-3384892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EILIAN, JONATHAN D
Address: 6900 E CAMELBACK RD STE 607
City-St-Zip: SCOTTSDALE, AZ 85253

Title: MGR () Delete
Name: ABRAMS, DANIEL
Address: 1114 AVENUE OF THE AMERICAS, 27TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: P () Delete
Name: BROWN, RON C
Address: 6900 E CAMELBACK RD STE 607
City-St-Zip: SCOTTSDALE, AZ 85253

Title: CFO () Delete
Name: SANTORA, GEORGE A
Address: 6900 E CAMELBACK RD STE 607
City-St-Zip: SCOTTSDALE, AZ 85253

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EILIAN, JONATHAN D
Address: 6900 E CAMELBACK RD STE 607
City-St-Zip: SCOTTSDALE, AZ 85251

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE A SANTORA

CFO

05/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date