



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED MAR 29 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001512 DWT ATRIUM GP, LLC 210 W. PENNSYLVANIA AVE., SUITE 700 TOWSON MD 21204		1a. Principal Place of Business Address 210 W. PENNSYLVANIA AVE., --SU TOWSON MD 21204			
2. Principal Place of Business Suite, Apt. #, etc. <i>#700</i> City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. <i>#700</i> City & State Zip Country		3. Date Organized or Qualified 12/15/1998 3a. State of Formation MD 4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center;">FL</div>			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____		DATE _____			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not changing)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	TOWNSEND, DENNIS W	210 W. PENNSYLVANIA AVE., <i>#700</i>	TOWSON MD 21204		
MGR	WARANCH, JUDITH S	210 W. PENNSYLVANIA AVE., <i>#700</i>	TOWSON MD 21204		
MGR	BERENS, JAMES R	210 W. PENNSYLVANIA AVE., <i>#700</i>	TOWSON MD 21204		
MGR	CRAMER, DANIEL C	210 W. PENNSYLVANIA AVE., <i>#700</i>	TOWSON MD 21204		
000002833110--6 -04/08/99--01050--009 ****188.75 ****188.75					
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____		DENNIS TOWNSEND 3/18/99 0401321-1900 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (MANAGER, MEMBER OR MANAGER)</small>			