

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001512

1. Entity Name

DWT ATRIUM GP, LLC

Principal Place of Business

210 W. PENNSYLVANIA AVE., #700  
TOWSON MD 21204

Mailing Address

210 W. PENNSYLVANIA AVE., #700  
TOWSON MD 21204-4532

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME TOWNSEND, DENNIS W  
STREET ADDRESS 210 W. PENNSYLVANIA AVE., SUITE 700  
CITY-ST-ZIP TOWSON MD 21204

TITLE MGR ☐ Delete  
NAME WARANCH, JUDITH S  
STREET ADDRESS 210 W. PENNSYLVANIA AVE., SUITE 700  
CITY-ST-ZIP TOWSON MD 21204

TITLE MGR ☐ Delete  
NAME BERENS, JAMES R  
STREET ADDRESS 210 W. PENNSYLVANIA AVE., SUITE 700  
CITY-ST-ZIP TOWSON MD 21204

TITLE MGR ☐ Delete  
NAME CRAMER, DANIEL C  
STREET ADDRESS 210 W. PENNSYLVANIA AVE., #700  
CITY-ST-ZIP TOWSON MD 21204

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 500003112345-13  
STREET ADDRESS -01/27/00--01018--014  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED

00 JAN 20 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required