200	00	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

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DOCUMENT # M9900001857  1. Entity Name							Fil	::10		86 An
1. Entity Name ATRIUM MANAGER LLC							Filicity SECRETARY OF STATE DIVISION OF CORPORATIONS			
							00 FEB -7	PH 1: 36		
Principal Place of Business Mailing Address										
2250 MCGILCH SUITE 200	irist st s.e.		2250 MCGILCHRIST ST : SUITE 200	S.E.			5000031	12305  01115		
SALEM OR 973	302		SALEM OR 97302-1147			.	#####################################	::::::113 !::::::::::::::::::::::::::::::::::	505 505	
2. Principal Place of Business  3. Mailing Address  Attn: Dellane a					nn		. INRIMARI SIM IAITA TAITI BATTI AATIF A	C.C.	I	
Suite, Apt. #, etc.			Suite, Apt. #, etc. <b>7.</b> 0. 130x 1411				DO NOT WRITE	IN THIS SPACE	•	
City & State			City & State			4. FEIN	Number PDI IED FOE		Applied For	
7:		Country	salem, ok		tor	93-12	Number 28/089APPLIED FOR		Not Applicable	-
Zip		Country	91309	Ŭ.	5A		ificate of Status Desired	S5.00 Ac		
<del></del>	6. Name	and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Reg	istered Agent	<b>~</b> -∓	-
C T CORP	ORATION S	SYSTEM							4	
1200 SOU	TH PINE IS	LAND ROAD			Street Address (P.O. Box Number is Not Acceptable)				_	
PLANTATIO	ON FL 3332	24	,							_
٠					City FL Zip Code					
8. The above	named entity	submits this statement for	r the purpose of changing it	s registere	ed office or	registered agent,	or both, in the State of Florid	la.		
SIGNATURE _										
	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registered	d Agent signate	are required when reinstat	ing)	DATE		4
			FILE N	iow!!! i	FEE IS \$	50.00				
			Make Check P	ayable to	o Departi	ment of State				
9.		MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/C			╛
TITLE	,		☐ Deleta	mu	-	Manage	t. Colson Gilchrist St. Se	Change	☐ Addition	66/6
NAME STREET ADDRESS				NAM STRE	ET ADDRESS	2250 MC	Gilchrist St. SE	, suik zor	,	83
CITY-ST-ZIP				CITY	- 81 - ZIP	Salem,	OR 97302			R2E083 (9/99)
MLE			Delets	TITL	. ·	Manager	Bat	Change	4 Addition	ਹ
NAME STREET ADDRESS			1	NAM STRE	ET ADDRESS	Bibl Bilion	. Baty H NV., Stc 500	)		
CITY- 8T- ZIP				CITY	- 8T- ZIP	Seattle,	WA 98121			4
TITLE		<del></del>	☐ Delete	LITE		Manager	L. Brenden ilchrist St. SE	Change	Addition	
NAME STREET ADDRESS					ET ADDRESS	2750 Mc6	ilchrist St. Se	: Suit 20	0	
CITY- ST-ZIP				CITY	- 8T- 72P	Salem, o	OR 97302			4
TITLE Name			Oelets	TITL				Change	Addition	
STREET ADDRESS					ET ADDRESS			90		
CITY-8T-ZIP	-			CITY	- 81 - ZLP			<u>),                                    </u>		4
TITLE NAME			☐ Delete	TITL			1( 2)	☐ Change	Addition	
STREET ADDRESS				1	ET ADORESS		(X			
CITY- &T-ZIP	<u> </u>			-	- 8T- ZIP		X	☐ Change	Addition	_
TITLE NAME			L. Deleta	TITLE			mf211510		اللامانية	
STREET ADDRESS				1	ET ADORESS		7			
CITY-8T-ZIP	artific that the	information substitute with	this filing does not qualify f		-ST-ZIP	tad in Saction 110	07(3)(i) Florida Statutos I fi	Irther certify that the	information	-
indicated	on this repor	t is true and accurate and	that my signature shall have sempowered to execute the	the same	ripuon stat e legal effe s required h	ct as if made under ov Chapter 608 Fig.	07(3)(i), Florida Statutes. I fu er oath; that I am a managing orida Statutes.	g member or manag	ger or the	
mmeu na	only compar	,, or the lightest of this less	ompowered to execute the	Topoit as	, required t	., Onapiei 000, Fil	1 1	503 31070	V	
SIGNAT	URF:		URS MON		7	. /	117/00	x 7209		
J. W. 17.1	<del></del>	SMINATURE AND TYPED OR PRIN	ITED NAME OF SIGNING MANAGIN	G MEMBER C	R MANAGER		Date	Daytime Phone #		