2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # M99000001857



1. Entity Name ATRIUM MANAGER LLC						01-22-2004 90030 009			****50.00)	
Principal Place of Business 2250 MCGILCHRIST ST S.E. SUITE 200 SALEM, OR 97302			Mailing Address ATTN: DELLANE COLSON P.O. BOX 14111 SALEM, OR 97309								
2. Principal Place of Business			3. Mailing Address PO BUX 1411								
Suite, Apt. #, etc.			Suite, Apt. #, etc. Attn: Debbie Parsons		01052004	Chg-LLC	CR2E0	83 (10/03)			
City & State			City & State Scien OR			4. FEI Numb				oplied For ot Applicable	
Zip Country		Zip 97309 Country USA		15A	5. Certificate	e of Status Desired		\$5.00 Add Fee Require			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
CTCOPE	ODATION SVST	-ENA			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
LANIAN	ON, 1 E 00024										
			•.		City			FL	Zip Cod	е	
	named entity submits tions of registered age		the purpose of changing its	registere	ed office or regist	ered agent, or bo	oth, in the State of Fl	lorida. I am f	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed n	name of registered agent as	nd title if applicable. (NOTE	: Registere	d Agent signature requir	ed when reinstating)		DATE		_	
Filing Fee is \$50.00 Due by May 1, 2004					<u>-</u>		2	ke check p la Departm	-	•	
9.	MA	ANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGR	•	☐ Delete	TITLE	E				☐ Change	☐ Addition	
NAME. COLSON, WILLIAM E				NAM							
STREET ADDRESS 2250 MCGILCHRIST ST., S.E., ST			r= 000								
CITY-ST-ZIP		RIST ST., S.E., S	TE. 200	STRE	ET ADDRESS						
CITY-ST-ZIP	SALEM, OR 973	RIST ST., S.E., S		STRE	ET ADDRESS -ST-ZIP		·	·····	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME		81ST ST., S.E., S [*] 02	E. 200	STRE	EET ADDRESS -ST-ZIP		·		Change	Addition	
TITLE NAME STREET ADDRESS	SALEM, OR 973 MGR BATY, DANIEL R 3131 ELLIOTT AV	81ST ST., S.E., S [*] 02 VE., STE. 500		STRE CITY TITLE NAM STRE	EET ADDRESS -ST-ZIP E E EET ADDRESS				Change	Addition	
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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 upport as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

503/370-7071 x7209