

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001857 1. Entity Name ATRIUM MANAGER LLC	
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Principal Place of Business 2250 MCGILCHRIST ST S.E. SUITE 200 SALEM, OR 97302	Mailing Address PO BOX 14111 ATTN: DEBBIE PARSONS SALEM, OR 97309
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01122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 93-1281089	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

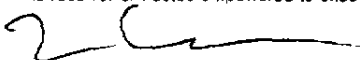
**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLSON, WILLIAM E 2250 MCGILCHRIST ST., S.E., STE. 200 SALEM, OR 97302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BATY, DANIEL R 3131 ELLIOTT AVE., STE. 500 SEATTLE, WA 98121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRENDEN, NORMAN L 2250 MCGILCHRIST ST., S.E., STE. 200 SALEM, OR 97302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/10/06-80047-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AUTHORIZED REPRESENTATIVE

1-13-06

Date

503-370-7071

Daytime Phone #