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DIVISION OF CORPORATIONS  
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C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

100002014541--2

-11/26/96--01035--018

\*\*\*\*\*96.25 \*\*\*\*\*96.25

Triad Brandon Limited Partnership

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                      |   |   |
| <input type="checkbox"/> Limited Liability Company      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Foreign             |   |   |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Limited Liability Partnership  |   | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Photo Copies           | <input checked="" type="checkbox"/> CUS     |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In             | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                       |   |   |

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FILING 52.50  
R. AGENT FEE 35.00  
2. COPY 8.25  
TOTAL 96.25  
N. BANK  
BALANCE DUE

h2

11/21/96

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DIVISION OF CORPORATIONS

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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1. Triad Brandon Limited Partnership  
(Name of limited partnership as it is in the home state;)
2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register to transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Washington 4. November 5, 1996  
(State of Formation) (Date of Formation)
5. C T CORPORATION SYSTEM  
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 1200 South Pine Island Road  
(Street Address of Registered Office)  
Plantation, Florida 33324  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.  
C T CORPORATION SYSTEM  
Connie Bryan  
(Officer must sign on this line)  
CONNIE BRYAN  
SPECIAL ASSISTANT-SECRETARY  
(Type Name and Title of Officer)
8. 320 Andover Park East, Suite 235, Seattle, WA 98188  
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)
9. NAME OF GENERAL PARTNERS SPECIFIC ADDRESS  
Triad Development, Inc. 320 Andover Park East, Suite 235  
Seattle, WA 98188  
~~54180~~  
P96000062352
10. c/o Triad Development, Inc., 320 Andover Park East, Suite 235, Seattle, WA 98188  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.
12. 320 Andover Park East, Suite 235, Seattle, WA 98188  
(Mailing Address of Limited Partnership)

This 15th day of November, 1996.

Triad Development, Inc.

General Partner

By: Frederick W. Grimm, Secretary/Treasurer

STATE OF Washington

COUNTY OF King

THE FOREGOING instrument was acknowledged and sworn to before me this 15th day of Nov, 1996, by Triad Development, Inc. (Name of General Partner) of

Triad Brandon Limited Partnership

(Name of Limited Partnership), A Washington

(State or Country) Limited

Partnership, on behalf of the Limited Partnership.

Christine Horstmann

Notary Public

State of Washington at Large

(SEAL)

My Commission Expires:

Jan. 18, 2000



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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

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BEFORE ME, the undersigned, personally appeared Triad Development, Inc.,  
general partner of Triad Brandon Limited Partnership, a (an)  
Washington, limited partnership, hereinafter referred to as the "Partnership", who  
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00.

2. The anticipated amount of the capital contributions of the limited partners that are allo-  
cated for the purposes of transacting business in Florida is \$ 990.00.

This 15th day of November, 1996

**FURTHER AFFIANT SAYETH NOT.**

Under penalties of perjury I declare that I have read the foregoing and that the facts are true,  
to the best of my knowledge and belief.

General Partner

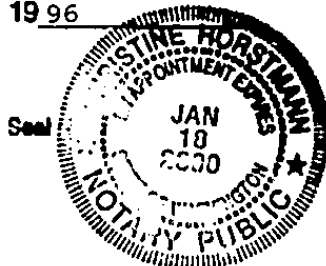
TRIAD DEVELOPMENT, INC.

By: Frederick W. Grimm  
Frederick W. Grimm,  
Secretary/Treasurer

STATE OF WASHINGTON  
COUNTY OF KING  
DATE 11/15/96

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to  
take acknowledgments in and for the State and County set forth above, personally appeared  
Frederick W. Grimm, Sec./Treas. of Triad Dev., (General Partner, known to me and know by me to  
be the person who executed the foregoing Affidavit of Capital Contributions, and he ack-  
nowledged to me and before me that he executed this Affidavit as General Partner of said  
partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the  
State and County aforesaid, this 15th day of November,  
19 96



Christine Horstmann  
Notary Public

State of Washington at Large

My Commission Expires:

Jan. 18, 2000