

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 16 AM 8:45

1. Name of Limited Partnership	1a. DOCUMENT # <b>B96000000155</b>
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**TRIAD RIVIERA LIMITED PARTNERSHIP**

Mailing Address <b>C/O TRIAD DEVELOPMENT, INC. 320 ANDOVER PARK EAST, SUITE 235 SEATTLE WA 98188</b>	Principal Office Address <b>C/O TRIAD DEVELOPMENT, INC. 320 ANDOVER PARK EAST, SUITE 235 SEATTLE WA 98188</b>
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2. Mailing Address <b>2815 Alaskan Way Ste 228 Seattle, WA 98121 USA</b>	2a. Principal Office Address <b>2815 Alaskan Way Ste 228 Seattle, WA 98121 USA</b>
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3. Date Formed or Registered <b>05/09/1996</b>	5a. Capital Contributions as Shown on record. <b>\$400.00</b>
3a. Date of Last Report <b>12/16/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation <b>WA</b>	
6. FEI Number <b>91-1721971</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. If changed, new Registered Agent/Office Name <b>TRIAD DEVELOPMENT, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2815 ALASKAN WAY</b> Suite, Apt. #, etc. <b>SUITE 228</b> City <b>SEATTLE, WA 98121</b> Zip Code <b>206-374-0414 FL</b>
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_

DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>TRIAD DEVELOPMENT, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>320 ANDOVER PARK EAST</b>	11b. City, State & Zip Code <b>SEATTLE WA 98188</b>	11c. Registration/Document Number <b>F96000002352</b>
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**-02/19/98--01095--013**  
**\*\*\*\*156.25 \*\*\*\*156.25**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Frederick W. Grimm*

DATE **12/29/97**

Typed or Printed Name of General Partner Signing Form **by Frederick W. Grimm Sec Treas.** Telephone Number **(206) 374-0414**

CR2E003 (6/97)