

2001 UNIFORM BUSINESS REPORT (UBR)

0019704 AF

DOCUMENT # **B96000000155**

1. Entity Name

TRIAD RIVIERA LIMITED PARTNERSHIP

FILED

01 APR 30 AM 11:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2815 ALASKAN WAY, STE. 228
SEATTLE WA 98121**

Mailing Address

**2815 ALASKAN WAY, STE. 228
SEATTLE WA 98121**

2. Principal Place of Business

**2801 Alaskan Way
Suite, Apt. #, etc.
#107**

3. Mailing Address

**2801 Alaskan Way
Suite, Apt. #, etc.
#107**

City & State

Seattle, WA

City & State

Seattle, WA

Zip

98121

Country

Zip

98121

Country

4. FEI Number

91-1721971

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$400.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$400.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F96000002352**
NAME **TRIAD DEVELOPMENT, INC.**
STREET ADDRESS **2815 ALASKAN WAY, STE. 228**
CITY-ST-ZIP **SEATTLE WA 98121**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2801 Alaskan Way #107

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100004213771-4
-05/16/01-01050-023
****150.00 ****150.00**

DOCUMENT #
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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

**LK Schelling, VP
TRIAD Development, Inc. GP**

Date

Daytime Phone #

CR2E003 (11/00)