

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019791 AF

DOCUMENT # B96000000157

1. Entity Name

TRIAD WEST PALM BEACH LIMITED PARTNERSHIP

Principal Place of Business

2815 ALASKAN WAY, STE. 228  
SEATTLE WA 98121

Mailing Address

2815 ALASKAN WAY, STE. 228  
SEATTLE WA 98121

FILED

01 APR 30 AM 11:28

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2801 Alaskan Way

Suite, Apt. #, etc.

\*107

City & State

Seattle, WA

Zip

98121

Country

3. Mailing Address

2801 Alaskan Way

Suite, Apt. #, etc.

\*107

City & State

Seattle, WA

Zip

98121

Country

4. FEI Number

91-1721972

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

DOCUMENT #  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

2801 Alaskan Way \*107

STREET ADDRESS

CITY-ST-ZIP

600004219776-8

05/16/01-01050-0213

\*\*\*\*150.00 \*\*\*\*150.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

LKSchelling, VP  
TRIAD Development, Inc. GP 4/23/01 (206) 374-0414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)