

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # B96000000157 1. Entity Name TRIAD WEST PALM BEACH LIMITED PARTNERSHIP	
--	---

Principal Place of Business 2801 ALASKAN WAY, #107 SEATTLE, WA 98121	Mailing Address 2801 ALASKAN WAY, #107 SEATTLE, WA 98121
--	--

DO NOT WRITE IN THIS SPACE



04042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 91-1721972	Applied For ☐
5. Certificate of Status Desired ☒	Not Applicable ☐

\$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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	2801 ALASKAN WAY, #107
CITY-ST-ZIP	SEATTLE, WA 98121
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000764278
05/30/07-80052-005 508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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

SIGNATURE *Frederic J. Huns*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

206-374-0414