

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 23 PM 4:41

DOCUMENT # B96000000158

1. Entity Name
T/A WEST PALM BEACH LIMITED PARTNERSHIP



Principal Place of Business
2801 ALASKAN WAY, STE. 107
SEATTLE, WA 98121

Mailing Address
2801 ALASKAN WAY, STE. 107
SEATTLE, WA 98121

2. Principal Place of Business - No P.O. Box #
2801 ALASKAN WAY

3. Mailing Address
2801 ALASKAN WAY

Suite, Apt. #, etc.
SUITE 310

Suite, Apt. #, etc.
SUITE 310

City & State
SEATTLE WA

City & State
SEATTLE WA

Zip
98121

Country
US

Zip
98121

Country
US

03202008

Chg-LP

CR2E003 (12/06)

4. FEI Number
91-1721974

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # B96000000157
NAME TRIAD WEST PALM BEACH LIMITED PARTNERSHIP
STREET ADDRESS 2801 ALASKAN WAY, STE. 107
CITY-ST-ZIP SEATTLE, WA 98121

STREET ADDRESS 300125116033
CITY-ST-ZIP 04/22/08--01042--021 **508.75

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/08

Date

206-448-0259

Daytime Phone #

STAPLE CHECK HERE