

2001 UNIFORM BUSINESS REPORT (UBR)

0019790 AF

DOCUMENT # B96000000440

1. Entity Name
TRIAD BRANDON LIMITED PARTNERSHIP

FILED

Principal Place of Business
 C/O TRIAD DEVELOPMENT, INC.
 2815 ALASKAN WAY, SUITE 228
 SEATTLE WA 98121

Mailing Address
 C/O TRIAD DEVELOPMENT, INC.
 2815 ALASKAN WAY, SUITE 228
 SEATTLE WA 98121

01 MAY -3 PM 12:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 2801 Alaskan Way
 Suite, Apt. #, etc.
 #107

3. Mailing Address
 2801 Alaskan Way
 Suite, Apt. #, etc.
 #107

DO NOT WRITE IN THIS SPACE

City & State
 Seattle, WA

Zip
 98121

Country

4. FEI Number 91-1743546

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. (NOTE: Registered Agent signature required when reinstating.) **DATE** _____

9. Capital Contributions as Shown on record. \$990.00

10. Amount of Capital Contributions in FLORIDA to date. \$0.00

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, SUITE 228
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	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	2801 Alaskan Way #107
CITY-ST-ZIP	
STREET ADDRESS	400004334124--3
CITY-ST-ZIP	-05/30/01--01032--015
STREET ADDRESS	****150.00 ****150.00
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: *LK Schelling, VP*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/23/01 **Daytime Phone #** (202) 374-0414

CR2E003 (11/00)