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C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone

CORPORATION(S) NAME

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 DEC 18 PM 2:31

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Triad Waunderdale limited Partnership

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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12/18/96

G. TAX _____
FILING _____
R. AGENT FEE 52.50
G. COPY 35.00
TOTAL 87.50
N. BANK 96.25
BALANCE DUE _____
DEFEND _____

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DIVISION OF CORPORATIONS
12/18/96

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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DIVISION OF CORPORATIONS
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1. Triad Lauderdale Limited Partnership
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Washington
(State of Formation)
4. December 13, 1996
(Date of Formation)
5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)
Plantation, Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.
C T CORPORATION SYSTEM
Connie Bryan
(Officer must sign on this line)
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)
8. 320 Andover Park East, Suite 235, Seattle, WA 98188
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)
9. NAME OF GENERAL PARTNERS SPECIFIC ADDRESS
Triad Development, Inc. 320 Andover Park East, Suite 235
F96000062752 Seattle, WA 98188
10. 320 Andover Park East, Suite 235, Seattle, WA 98188
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.
12. c/o Triad Development, Inc., 320 Andover Park East, Suite 235, Seattle, WA 98188
(Mailing Address of Limited Partnership)

This 17 day of December, 19 96.

Triad Development, Inc.

General Partner

By: [Signature]
STATE OF WASHINGTON John A. Goodman, President
COUNTY OF KING

FILED STATE
CLERK OF SUPERIOR COURT
DIVISION OF RECORDS
96 DEC 18 PM 2:31

THE FOREGOING instrument was acknowledged and sworn to before me this 17 day
of December 19 96, by Triad Development, Inc. (Name of General Partner) of

Triad Lauderdale Limited Partnership
(Name of Limited Partnership), A Washington (State or Country) Limited
Partnership, on behalf of the Limited Partnership.

Jennifer Ream

Notary Public

State of Washington at Large

(SEAL)

My Commission Expires:

12/29/99

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Triad Development, Inc., a
general partner of Triad Louderdale Limited Partnership, a (an)
Washington, limited partnership, hereinafter referred to as the "Partnership", who
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 980.00.
2. The anticipated amount of the capital contributions of the limited partners that are allo-
cated for the purposes of transacting business in Florida is \$ 980.00.

This 17 day of December, 1996.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true
to the best of my knowledge and belief.

General Partner

TRIAD DEVELOPMENT, INC.

By: [Signature]
John A. Goodman, President

FILED - STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
DEC 18 PM 2:31

STATE OF WASHINGTON
COUNTY OF KING
DATE 12/17/96

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to
take acknowledgments in and for the State and County set forth above, personally appeared
John A. Goodman, President, Triad Develop. (General Partner, known to me and know by me to
be the person who executed the foregoing Affidavit of Capital Contributions, and he ack-
nowledged to me and before me that he executed this Affidavit as General Partner of said
partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the
State and County aforesaid, this 17 day of December,
19 96.

Jennifer Reams
Notary Public

Seal

State of Washington at Large

My Commission Expires:

6/29/99