

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 31 PM 2:07

W 118

1. Name of Limited Partnership:

1a. DOCUMENT #
B96000000486

TRIAD LAUDERDALE LIMITED PARTNERSHIP

Mailing Address:

**320 ANDOVER PARK EAST
SUITE 235
SEATTLE, WA 98188**

Principal Office Address:

**320 ANDOVER PARK EAST
SUITE 235
SEATTLE, WA 98188**

3. Date Formed or Registered
12-18-96

**5a. Capital Contributions as
Shown on record:**

\$980.00

3a. Date of Last Report

**5b. Amount of Capital
Contributions in FL ORIDA
to date:**

\$980.00

4. State or Country of Formation
WA

2. Mailing Address:

2a. Principal Office Address:

Suite, Apt. #, etc:

Suite, Apt. #, etc:

City & State:

City & State:

Zip Country

Zip Country

6. FEI Number

91-1746609

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

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

10. If changed, new Registered Agent/Office:

Name:

Street Address (P.O. Box Number Is Not Acceptable):

Suite, Apt. #, etc:

City:

FL

Zip Code:

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE: (Registered Agent Accepting Appointment)

DATE:

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s):

TRIAD DEVELOPMENT, INC.

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers):**

**320 ANDOVER PARK EAST
SUITE 235**

11b. City, State & Zip Code:

SEATTLE, WA 98188

**11c. Registration/
Document Number:**

F96 000002352

**500002052675--7
-01/09/97--01069--012
****200.00 ****200.00**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Frederick W. Grimm*

DATE 12/27/96

Typed or Printed Name of General Partner Signing Form: by Frederick W. Grimm, Sec/Treas, Triad Development, Inc. General Ptr

206-575-9410

CR2E003 (6/96)