

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB -5 PM 3: 57

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

12/18/1996

5a. Capital Contributions as
Shown on record.

\$980.00

3a. Date of Last Report

12/31/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

WA

2. Mailing Address

2815 Alaskan Way
Suite, Apt. #, etc.
228
City & State
Seattle, WA 98121
Zip
98121 Country
USA

2a. Principal Office Address

2815 Alaskan Way
Suite, Apt. #, etc.
Suite 228
City & State
Seattle, WA
Zip
98121 Country
USA

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)
N/A
TRIAD DEVELOPMENT, INC.

Suite, Apt. #, etc.

2815 ALASKAN WAY

City

SUITE 228

SEATTLE, WA 98121

Zip Code

206-374-0414

FL

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)

**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

11b. City, State & Zip Code

SEATTLE WA 98188

11c. Registration/
Document Number

F98000002352

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

12/21/97

Typed or Printed Name of General Partner Signing Form

by Frederick W. Grimm

Daytime Telephone Number

(206) 374-0414

CR2E003 (6/97)