

2001 UNIFORM BUSINESS REPORT (UBR)

0019793 AF

DOCUMENT # B96000000486

1. Entity Name

TRIAD LAUDERDALE LIMITED PARTNERSHIP

FILED

Principal Place of Business

2815 ALASKAN WAY, SUITE 228
SEATTLE WA 98121

Mailing Address

2815 ALASKAN WAY, SUITE 228
SEATTLE WA 98121

01 MAY -2 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2801 Alaskan Way
Suite, Apt. #, etc.
#107

3. Mailing Address

2801 Alaskan Way
Suite, Apt. #, etc.
#107

City & State

Seattle, WA
Zip
98121

City & State

Seattle, WA
Zip
98121

4. FEI Number

91-1746609

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)

300004288773--4

-05/23/01--01011--016

City

****150.00 ****150.00
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.

\$980.00

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 this 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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2801 Alaskan Way #107

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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
Triad Development, Inc, GP 4/23/01 (201) 374-0414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)