

2001 UNIFORM BUSINESS REPORT (UBR)

0017679 AF

DOCUMENT # B98000000334

1. Entity Name

SEAWEST LIMITED PARTNERSHIP

FILED

01 APR 30 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1010 UNION AVENUE SE, STE B
OLYMPIA WA 98501

Mailing Address
570 KIRKLAND WAY
KIRKLAND WA 98033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
570 KIRKLAND WAY
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
KIRKLAND, WA

City & State

4. FEI Number 91-1541722

Applied For
Not Applicable

Zip
98033

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

(NOT)

Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000.00

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 # F98000002800
NAME WESTGROUP OCEAN KEY HOUSE, INC.
STREET ADDRESS 25 CENTRAL WAY, SUITE 400
CITY-ST-ZIP KIRKLAND WA 98033

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 570 KIRKLAND WAY
CITY-ST-ZIP KIRKLAND WA 98033

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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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:

Michael J. Beaulieu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/01

Date

(425) 827-8737

Daytime Phone #

CP2E003 (11/00)