



**WASHINGTON**  
**Secretary of State**  
**Corporations & Charities Division**

Filed  
Secretary of State  
State of Washington  
Date Filed: 07/31/2023  
Effective Date: 07/31/2023  
UBI #: 604 799 066

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**NOVO ON 52ND LLLP**

UBI Number:

**604 799 066**

Business Type:

**WA LIMITED LIABILITY LIMITED PARTNERSHIP**

Business Status:

**ACTIVE**

Principal Office Street Address:

**120 W CATALDO AVE, SPOKANE, WA, 99201-3211, UNITED STATES**

Principal Office Mailing Address:

Expiration Date:

**08/31/2024**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**08/30/2021**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**REAL ESTATE**

**REGISTERED AGENT** [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
SCOTT MORRIS	120 W CATALDO AVE STE 100, SPOKANE, WA, 99201-3211, UNITED STATES	120 W CATALDO AVE STE 100, SPOKANE, WA, 99201-3211, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

Email:

**SUEH@INLANDCONSTRUCTION.COM**

Street Address:

120 W CATALDO AVE, SPOKANE, WA, 99201-3211, USA

Mailing Address:

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	ENTITY	INLAND NOVO ON 52ND MANAGER, LLC		

## NATURE OF BUSINESS

REAL ESTATE

## EFFECTIVE DATE

Effective Date:

07/31/2023

## CONTROLLING INTEREST

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?

- No

2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?

- No

a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?

- No

3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?

- No

You **must** submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 **and** 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET).

## RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

## UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? - No

## EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## AUTHORIZED PERSON

This document is a public record. For more information visit [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

Work Order #: 2023073100500772 - 2

Received Date: 07/31/2023

Amount Received: \$300.00

☒ I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**SUE**

Last Name:

**HARTMAN**

Title:

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.