

## EXPRESS ANNUAL REPORT WITHOUT CHANGES

### BUSINESS INFORMATION

Business Name:

**TRAILSIDE PRESERVATION LP**

UBI Number:

**603 604 148**

Business Type:

**WA LIMITED PARTNERSHIP**

Business Status:

**ACTIVE**

Principal Office Street Address:

**21516 HAWTHORNE BLVD STE 150, TORRANCE, CA, 90503, UNITED STATES**

Principal Office Mailing Address:

Expiration Date:

**03/31/2023**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**03/30/2016**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**REAL ESTATE**

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

Registered Agent Name	Street Address	Mailing Address
CORPORATION SERVICE COMPANY	300 DESCHUTES WAY SW STE 208 MC- CSC1, TUMWATER, WA, 98501, UNITED STATES	300 DESCHUTES WAY SW STE 208 MC- CSC1, TUMWATER, WA, 98501, UNITED STATES

### GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		*	TRAILSIDE CORNUCOPIA LLC
GOVERNOR	INDIVIDUAL		PARTNERS LLC	TRAILSIDE PRESERVATION

## CONTROLLING INTEREST

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1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?

**NO**

2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16⅔ percent interest in the entity?

**NO**

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

**NO**

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?

**NO**

You must report a [Controlling Interest Transfer Return](#) **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).

## CONFIRMATION EMAIL ADDRESS

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Note: Please enter in the email address you would like confirmation sent of this annual report and payment receipt.

Email Address:

**MADISON@PPMGINC.COM**

## EMAIL OPT-IN

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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

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Person Type:

**INDIVIDUAL**

First Name:

**MADISON**

Last Name:

**FLAREAU**

Title:

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