

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**VINTAGE AT ARLINGTON, LP**

UBI Number:

**603 575 068**

Business Type:

**WA LIMITED PARTNERSHIP**

Business Status:

**ACTIVE**

Principal Office Street Address:

**369 SAN MIGUEL DR STE 135, NEWPORT BEACH, CA, 92660-7813, USA**

Principal Office Mailing Address:

**369 SAN MIGUEL DR STE 135, NEWPORT BEACH, CA, 92660-7813, USA**

Expiration Date:

**01/31/2019**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**01/13/2016**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

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

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Registered Agent Name	Street Address	Mailing Address
PARACORP INCORPORATED	101 CAPITOL WAY N #202, OLYMPIA, WA, 98501, UNITED STATES	

### PRINCIPAL OFFICE

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Phone:

**949-721-6775**

Email:

**DSCHARF@VINTAGEHOUSING.COM**

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Street Address:

**369 SAN MIGUEL DR STE 135, NEWPORT BEACH, CA, 92660-7813, USA**

Mailing Address:

**369 SAN MIGUEL DR STE 135, NEWPORT BEACH, CA, 92660-7813, USA**

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name	Address
GOVERNOR	ENTITY	VINTAGE AT ARLINGTON PARTNERS, LLC	LLC	VINTAGE AT ARLINGTON PARTNERS	

## NATURE OF BUSINESS

REAL ESTATE

## EFFECTIVE DATE

Effective Date:

**01/10/2018**

## CONTROLLING INTEREST

Does your company own real property (including leasehold interests) in Washington?

**NO**

## RETURN ADDRESS FOR THIS FILING

Attention:

**DEE DEE SCHARF**

Email:

**DSCHARF@VINTAGEHOUSING.COM**

Address:

**369 SAN MIGUEL DR STE 135, NEWPORT BEACH, CA, 92660-7813, USA**

## UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

## AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:

**ENTITY**

First Name:

**MICHAEL**

Last Name:

**GANCAR**

Entity Name:

**VINTAGE AT ARLINGTON PARTNERS, LLC**

Title:

**MANAGER**

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