

**Form LP 108.5(e)
March 2008**

Filing Fee: \$150

Submit in duplicate. Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to Secretary of State. **Please do not send cash.**

Anniversary Date: _____
Month, Day, Year

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

**Illinois Secretary of State
Department of Business Services
Assumed Name Renewal Application
(Illinois or Foreign Limited Partnership)**

Please type or print clearly.

1. Limited Partnership Name: _____

2. File Number assigned by Secretary of State: _____

4. Federal Employer Identification Number (F.E.I.N.): _____

6. Admitting Name, if any (Foreign only): _____

7. Assumed Name to be renewed: _____

8. Registered Agent: _____
Name

Registered Office: _____
Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP, County

9. **One General Partner must sign the Assumed Name Renewal Application. If the General Partner is a corporation, an authorized officer must sign indicating his/her authority.**

Signature

General Partner Name if corporation or other entity

Name and Title (type or print)

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**