

**FORM
UPA-1003-(F)
April 2010**

**Illinois
Uniform Partnership Act
Renewal Statement of Foreign
Limited Liability Partnership**

FILE #:

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756

217-524-8008
www.cyberdriveillinois.com

**Submit in duplicate. Please type or print clearly.
Payment must be made by certified check, cashier's check,
money order, Illinois attorney's check or Illinois C.P.A.'s check.**

**This space for use by
Secretary of State.**

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Date:

Filing Fee: \$300

Approved:

THIS RENEWAL STATEMENT IS EFFECTIVE FOR ONE YEAR. LLP STATUS WILL EXPIRE IF THIS STATEMENT IS NOT FILED WITHIN 60 DAYS PRIOR TO THE ANNIVERSARY DATE OF THE ORIGINAL REGISTRATION WITH THE SECRETARY OF STATE.

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM UPA-1001(h)/1102(g) AND THE \$25 FEE IS REQUIRED.

1. Registered Limited Liability Partnership Name: _____
2. Federal Employer Identification Number (FEIN): _____
3. State of Jurisdiction: _____
4. Effective Date of Initial Registration in Illinois: _____
5. Address of Chief Executive Office (P.O. Box alone and c/o are unacceptable.): _____

6. Illinois Registered Agent: _____

Illinois Registered Office (P.O. Box alone and c/o are unacceptable.): _____

7. Total Number of Partners currently (minimum of 2): _____
8. Brief statement of the business in which the partnership engages: _____

