

Form **LP 210**

August 2012

Illinois
Uniform Limited Partnership Act

Annual Report

FILE #

FILE Prior to:

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

This space for use by Secretary of State.

Please type or print clearly.

Filing Fee: \$100

Approved:

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void. Please do not send cash.

Do not make changes on this form. To change the Agent and/or Designated Office, submit Form LP 115 along with the \$50 filing fee. For all other changes, submit LP 202 (Illinois) or LP 902.5 (foreign) along with the \$50 filing fee.

1. Limited Partnership Name: _____

2. Address of Office at which records required by Section 111 (Illinois) or Section 902 (Foreign) are kept:

Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP

3. Foreign Alternate Name, if any: _____

4. Registered Agent: _____

Name

Registered Office: _____

Street Address (P.O. Box alone is unacceptable.)

City

IL

ZIP

5. State or Jurisdiction of Organization: _____

The Annual Report must be signed by a General Partner. I affirm that any entity serving as a General Partner for this Limited Partnership is in good standing in its home state. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Date: _____

Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if a corporation or other entity
(must be in good standing)

Signatures must be in black ink on an original document.