



Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

ANNUAL REPORT FOR LIMITED PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Report Due by May 1st

Domestic

Foreign

1. The name of the Limited Partnership is:

2. Designated Office Address Information:

a. Street Address: _____

b. Mailing Address if different: _____

3. a. Agent for service of process: Name: _____

b. Street Address: _____

c. Mailing Address: _____

4. If a Domestic Limited Partnership:

a. Street address of principal office _____

b. Mailing address of principal office _____

5. If a Foreign Limited Partnership:

a. Jurisdiction under which entity was formed: _____

b. Fictitious name or alternate name used in Arkansas: _____

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this _____ day of _____, _____.

Printed Name and Title of Authorized Officer

Signature and Title of Authorized Officer