



Cole Jester, Arkansas Secretary of State
LIMITED PARTNERSHIP ANNUAL REPORT 2026

Report Due August 1
(PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

The undersigned, pursuant to A.C.A. § 4-47-210, sets forth the following:

☐ Domestic ☐ Foreign

1. Name of the Limited Partnership: _____
2. Street Address (Designated Office in Arkansas): _____
City: _____ State: _____ Zip: _____
Email Address: _____
Mailing Address (Designated Office in Arkansas, if different than above): _____
City: _____ State: _____ Zip: _____
3. Agent for Service of Process: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different than above): _____
City: _____ State: _____ Zip: _____
4. Tax Contact Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
5. If a Foreign Limited Partnership:
Principal Office Street Address: _____
City: _____ State: _____ Zip: _____
Principal Office Mailing Address (if different than above): _____
City: _____ State: _____ Zip: _____
Jurisdiction under which entity was formed: _____
Fictitious Name or Alternate Name used in Arkansas: _____
6. List of Partners:
General Partner/Partner: _____
General Partner/Partner: _____
General Partner/Partner: _____
Tax Preparer: _____

Executed this _____ day of _____, _____
(Day) (Month) (Year)

Authorizing Officer
(Type or Print in Black Ink)

Signature of Authorizing Officer
(Sign in Black Ink)

Business and Commercial Services Division
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Make checks payable to Arkansas Secretary of State
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