



Mark Martin, Arkansas Secretary of State
**LIMITED PARTNERSHIP/LIMITED LIABILITY LIMITED PARTNERSHIP
 ANNUAL REPORT 2014**

Report Due May 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/Limited Liability 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/Limited Liability 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: _____

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 _____, _____
(Day) (Month) (Year)

 Authorizing Officer
 (Type or Print in Black Ink)

 Signature of Authorizing Officer
 (Sign in Black Ink)

Please verify that the address information on the reverse side is correct. If it is not correct, please indicate changes in the space provided below.

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