



John Thurston, Arkansas Secretary of State
LIMITED PARTNERSHIP ANNUAL REPORT 2024

Filing Number: \_\_\_\_\_

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 \_\_\_\_\_, \_\_\_\_\_

Authorizing Officer
(Type or Print in Black Ink)

Signature of Authorizing Officer
(Sign in Black Ink)

Business and Commercial Services Division
1401 W. Capitol, Suite 250, Little Rock, Arkansas 72201-1094
Make checks payable to Arkansas Secretary of State
Phone: 501-682-3409 or Toll Free: 888-233-0325
Email: corprequest@sos.arkansas.gov • Website: www.sos.arkansas.gov