

## John Thurston, Arkansas Secretary of State LIMITED PARTNERSHIP/LIMITED LIABILITY LIMITED PARTNERSHIP ANNUAL REPORT 2016

## Report Due May 2 (PLEASE TYPE OR PRINT CLEARLY IN BLACK INK) The undersigned, pursuant to A.C.A. § 4-47-210, sets forth the following:

	Du	siness and Commer	ial Camilago Divi	
Authorizing Officer (Type or Print in Black Ink)			Signature of Authorizing Officer (Sign in Black Ink)	
(Day)		(Month)	(Year)	
Executed this	day of			
Tax Preparer: _				
General Partner/Partner: _				
General Partner/Partner:				
General Partner/Partner: -				
5. List of Partners:				
Jurisdiction under which entity was formed:				
City: State:			7:	
City:				
Principal Office Street Add				
5. If a Foreign Limited Partner	•	•	•	
City:				Zip:
Mailing Address:				
				Zip:
City:				
Street Address:				
City:				
Mailing Address (Designate	ed Office in Ar	kansas, if different than	above):	
Email Address:				
City:		State:		Zip:
2. Street Address (Designated	d Office in Arka	ansas):		
			ep.	

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