

John Thurston, Arkansas Secretary of State

LIMITED PARTNERSHIP/LIMITED LIABILITY LIMITED PARTNERSHIP ANNUAL REPORT 2017

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:

Name of the Limited Partnershin/Limited		gn
. Name of the Limited Farthership/Limited	Liability Limited Partnership:	
2. Street Address (Designated Office in Ark	ansas):	
City:		
Email Address:		
Mailing Address (Designated Office in Ar	rkansas, if different than above):	
City:	State:	Zip:
. Agent for Service of Process:		
Street Address:		
City:		Zip:
Mailing Address (if different than above):		
City:		
. Tax Contact Name:		
Mailing Address:		
City:		
. If a Foreign Limited Partnership/Limited I		
Principal Office Street Address:		
City:		
Principal Office Mailing Address (if different		
City:		
Jurisdiction under which entity was formed		
Jurisdiction under which entity was formed Fictitious Name or Alternate Name used		
Fictitious Name or Alternate Name used		
Fictitious Name or Alternate Name used	in Arkansas:	
Fictitious Name or Alternate Name used i. List of Partners:	in Arkansas:	
Fictitious Name or Alternate Name used List of Partners: General Partner/Partner: General Partner/Partner: General Partner/Partner:	in Arkansas:	
Fictitious Name or Alternate Name used 6. List of Partners: General Partner/Partner: General Partner/Partner: General Partner/Partner:	in Arkansas:	
Fictitious Name or Alternate Name used List of Partners: General Partner/Partner: General Partner/Partner: General Partner/Partner: Tax Preparer:	in Arkansas:	
Fictitious Name or Alternate Name used List of Partners: General Partner/Partner: General Partner/Partner: General Partner/Partner:	in Arkansas:	

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