

Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

ANNUAL REPORT FOR LIMITED LIABILITY LIMITED PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Report Due by May 1st

| | Domestic Foreign |
|---------|---|
| 1. | The name of the Limited Liability Limited Partnership is: |
| 2. | Designated Office Address Information: |
| | a. Street Address: |
| | b. Mailing Address if different: |
| 3. | a. Agent for service of process: Name: |
| | b. Street Address: |
| | c. Mailing Address: |
| 4. | If a Domestic Limited Liability Limited Partnership: |
| | a. Street address of principal office |
| | b. Mailing address of principal office |
| 5. | If a Foreign Limited Liability Limited Partnership: |
| | a. Jurisdiction under which entity was formed: |
| | b. Fictitious name or alternate name used in Arkansas: |
| | nderstand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a ass C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days. |
| Ex | ecuted this day of, |
| — Pr | inted Name and Title of Authorized Officer Signature and Title of Authorized Officer |