



Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

ANNUAL REPORT FOR LIMITED PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Report Due by May 1st

Domestic Foreign

1. The name of the 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 Partnership:
a. Street address of principal office _____
b. Mailing address of principal office _____

5. If a Foreign Limited Partnership:
a. Jurisdiction under which entity was formed: _____
b. 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 _____, _____.

Printed Name and Title of Authorized Officer

Signature and Title of Authorized Officer