



Arkansas Secretary of State Cole Jester

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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