



Arkansas Secretary of State
LIMITED PARTNERSHIP ANNUAL REPORT 2015

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:

Domestic Foreign

1. Name of the Limited Partnership:

2. Street Address (Designated Office in Arkansas):

City: State: Zip:

Email Address:

Mailing Address (Designated Office in Arkansas, if different than above):

City: State: Zip:

3. Agent for Service of Process:

Street Address:

City: State: Zip:

Mailing Address (if different than above):

City: State: Zip:

4. Tax Contact Name:

Mailing Address:

City: State: Zip:

5. If a Foreign Limited Partnership:

Principal Office Street Address:

City: State: Zip:

Principal Office Mailing Address (if different than above):

City: State: Zip:

Jurisdiction under which entity was formed:

Fictitious Name or Alternate Name used in Arkansas:

6. List of Partners:

General Partner/Partner:

General Partner/Partner:

General Partner/Partner:

Tax Preparer:

Executed this day of , (Day) (Month) (Year)

Authorizing Officer (Type or Print in Black Ink)

Signature of Authorizing Officer (Sign in Black Ink)

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