



Cole Jester, Arkansas Secretary of State
LIMITED PARTNERSHIP ANNUAL REPORT 2019

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 ,

Authorizing Officer
(Type or Print in Black Ink)

Signature of Authorizing Officer
(Sign in Black Ink)

Business and Commercial Services Division
500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
Make checks payable to Arkansas Secretary of State
Phone: 501-682-3409 or Toll Free: 888-233-0325
Email: corprequest@sos.arkansas.gov • Website: www.sos.arkansas.gov