

Illinois Uniform Limited Partnership Act  
**Application to Reserve Name or  
Transfer Reserved Name**

FILE #:

This space for use by Secretary of State.

**Secretary of State**  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Payment must be made by check  
payable to Secretary of State.  
**Please do not send cash.**

**SUBMIT IN DUPLICATE**

Please type or print clearly.

This space for use by Secretary of State.

**Filing Fee:** \$50

**Approved:**

State basis of Reservation of Name or Transfer of Reserved Name by checking the appropriate box:

- A person intending to organize an Illinois limited partnership and adopt the name.
- A person intending to obtain a Certificate of Authority for a foreign limited partnership.
- An Illinois or foreign limited partnership intending to adopt the name.
- A foreign limited partnership intending to adopt the name in order to qualify to transact business in this state.

**RESERVE NAME**

1. Limited Partnership Name to be reserved for a period of 90 days:

(Must contain the words "Limited Partnership," "Limited Liability Limited Partnership," "L.P.," "LP," "LLLP" or "L.L.L.P.,"  
and cannot contain the words "Company," "Corporation," "Incorporated," "Inc.," "Co." or "Corp.")

2. Applicant Name: \_\_\_\_\_

3. Applicant Address: \_\_\_\_\_

Street Address

City, State, ZIP

4. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Date: \_\_\_\_\_  
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

**TRANSFER RESERVED NAME**

The undersigned \_\_\_\_\_  
Original Applicant Name

hereby transfers to \_\_\_\_\_  
Transferee Name

the right to use the name \_\_\_\_\_  
for Limited Partnership purposes in Illinois.

This name was reserved on \_\_\_\_\_  
Date (month, day, year)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Date: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name and Title if a Limited Partnership

**Signatures must be in black ink on an original document.  
Carbon copy, photocopy or rubber stamp signatures  
may only be used on conformed copies.**