

Illinois Uniform Limited Partnership Act  
**Annual Report**

FILE #:

**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:** \$100

**Approved:**

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

This space for use by Secretary of State.

**Do not make changes on this form. To change the Agent and/or Designated Office, submit Form LP 115 along with the \$50 filing fee. For all other changes, submit LP 202 (Illinois) or LP 902.5 (foreign) along with the \$50 filing fee.**

1. Limited Partnership Name: \_\_\_\_\_

2. Address of Office at which records required by Section 111 (Illinois) or Section 902 (Foreign) are kept:

\_\_\_\_\_  
Street Address (P.O. Box alone is unacceptable.)

\_\_\_\_\_  
City, State, ZIP

3. Federal Employer Identification Number (F.E.I.N.): \_\_\_\_\_

4. Assumed Name, if any: \_\_\_\_\_

5. Registered Agent: \_\_\_\_\_

Name

Registered Office: \_\_\_\_\_

Street Address (P.O. Box alone is unacceptable.)

\_\_\_\_\_  
City, State, ZIP

6. State or Jurisdiction of Organization: \_\_\_\_\_

**The Annual Report must be signed by a General Partner.** I affirm that any entity serving as a General Partner for this Limited Partnership is in good standing in its home state. 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 a corporation or other entity  
(must be in good standing)

**Signatures must be in black ink on an original document.**