

## LIMITED PARTNERSHIP QUESTIONNAIRE

Name of Client: \_\_\_\_\_  
Name of Firm/Company: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_

1. State of limited partnership: \_\_\_\_\_

2. Name of limited partnership (Submit three names in order of preference)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. States in which limited partnership will qualify:

\_\_\_\_\_  
\_\_\_\_\_

4. Specific business purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. General Partners' Names

Addresses (street address required by most states)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Limited Partners' Names

Addresses (street address required in most states)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The address at which the records (as required by statute) will be kept are (***Bridge Service Corp CAN NOT PROVIDE THIS ADDRESS***):

\_\_\_\_\_

8. The principal place of business of the limited partnership will be:

\_\_\_\_\_  
\_\_\_\_\_

9. NRAI our affiliate will be the registered agent and office, if not, the agents name and address are:

\_\_\_\_\_  
\_\_\_\_\_

10. In New York, NRAI our affiliate will provide the post office address to receive process served on the Secretary of State, if not, the address is:

11. The amount of cash and a description of and the agreed value of any other property or services

contributed by each partner and which each partner has agreed to contribute in the future is set forth below:

<u>NAME</u>	<u>CASH</u>	<u>DESCRIPTION OF OTHER PROPERTY</u>	<u>AGREED VALUE OF OTHER PROPERTY</u>	<u>FUTURE CONTRIBUTIONS</u>
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12. The times at which or the events the happening of which any additional contributions agreed to be made by each partner are made are as follows:

13. The latest date upon which the partnership shall be dissolved is:

\_\_\_\_\_

14. Any special provisions: \_\_\_\_\_

\_\_\_\_\_

15. Will a corporate kit be needed? \_\_\_\_\_

16. Where shall the following communications be sent for the limited partnership:

<b>COMPANY NAME AND ADDRESS</b>	<b>COUNSEL NAME AND ADDRESS</b>

<b>SERVICE OF PROCESS ADDRESS</b>	<b>TAX &amp; ROUTINE CORRESPONDENCE</b>	<b>RENEWAL INVOICING ADDRESS</b>
<p>To:</p> <p>___ Company Address Attention: Telephone #: Fax #:</p> <p>___ Counsel Address Attention: Telephone #: Fax#:</p> <p style="text-align: right;">(Attach any Special Instructions)</p>	<p>To:</p> <p>___ Company Address Attention: Telephone #: Fax #:</p> <p>___ Counsel Address Attention: Telephone #: Fax#:</p>	<p>To:</p> <p>___ Company Address Attention: Telephone #: Fax #:</p> <p>___ Counsel Address Attention: Telephone #: Fax#:</p>