DOMESTIC LIMITED PARTNERSHIP FILING FEE: \$ 5.00

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STATE OF HAWAII

RETURN ORIGINAL BY PENALTY FOR LATE FILING

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

335 Merchant Street

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

DOMESTIC LIMITED PARTNERSHIP ANNUAL STATEMENT AS OF PARTNERSHIP NAME AND MAILING ADDRESS:

(If the above mailing address has changed, line out and print change to the right.) Partnership was formed under the laws of: Principal Office Address: (If any change, line out and print change to the right.) NATURE OF BUSINESS: (Optional) (To correct, line out and print corrections below. If inactive during the period, state INACTIVE.) Street address of the registered office in Hawaii and the name of the registered agent at that address. (If any change, line out and print change on the right. See reverse for instructions.) After any changes made, the street addresses of its registered office and agent shall be identical. Name and address of each general partner: (See reverse for instructions.) ADDRESS (INCLODE CITY, STATE & ZIPCODE) NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.) CERTIFICATION I certify under the penalties of Section 425E-208, Hawaii Revised Statutes, that I have read the above and the information is true and correct, and I am authorized to sign this report. Signature of authorized general partner Print Name	FILE NO. Rev. 2/2005	File this Original]
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(SEE REVERSE SIDE FOR INSTRUCTIONS)