

H

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.)

1. Partnership was formed under the laws of:
2. Principal Office Address: (If any change, line out and print change to the right.)

3. NATURE OF BUSINESS: (Optional)

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

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4. 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.

5. Name and address of each general partner: (See reverse for instructions.)

NAME IN FULL

ADDRESS (INCLUDE CITY, STATE & ZIP CODE)

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.

DATE: _____

Signature of authorized general partner

Print Name

FILE NO.
Rev. 2/2005

B36
B22

File this Original
(SEE REVERSE SIDE FOR INSTRUCTIONS)