

Form **LP 210**

August 2012

Illinois  
Uniform Limited Partnership Act

**Annual Report**

FILE #

FILE Prior to:

**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

This space for use by Secretary of State.

Please type or print clearly.

**Filing Fee:** \$100

**Approved:**

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void. Please do not send cash.

**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. Foreign Alternate Name, if any: \_\_\_\_\_

4. Registered Agent: \_\_\_\_\_

Name

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

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

\_\_\_\_\_  
City

**IL**

\_\_\_\_\_  
ZIP

5. 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.**