

Enter Filing Year

Secretary of State Office  
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Pierre, SD 57501  
(605) 773-4845  
[corpinfo@state.sd.us](mailto:corpinfo@state.sd.us)

# AMENDED ANNUAL REPORT

## DOMESTIC LIMITED LIABILITY PARTNERSHIP

SDCL 48-7A-1003

**FILING FEE: \$25**

Make check payable to SECRETARY OF STATE

1. Business ID and Name:

Business ID

Business Name

**You may amend any of the information below. If you are not amending a section, please leave that section blank.**

2. The address of the principal executive office (business address).

Actual Street Address City State ZIP+4

Mailing Address, if Different from Street Address City State ZIP+4

Email Address (Optional)

3. The names and business addresses of its partners.

Partner Actual Street Address City State ZIP+4

Partner Actual Street Address City State ZIP+4

Partner Actual Street Address City State ZIP+4

4. Beneficial Interest (optional)

Owner Description of Ownership Percentage/Value

Owner Description of Ownership Percentage/Value

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_  
(Optional)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title