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ANNUAL REPORT DOMESTIC LLP

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FILE DATE _____

RECEIPT NO _____

1. L.L.P. ID and Name:

Telephone # _____

FAX # _____

FILING DATE: Due during the anniversary month of Registration and delinquent after the last day of the following month.

2. The address of the principal or chief executive office.

Street Address _____ City _____ State _____ ZIP+4 _____

Mailing Address (Optional) _____ City _____ State _____ ZIP+4 _____

IF ADDRESS IN #2 IS NOT A SOUTH DAKOTA ADDRESS QUESTION #3 IS REQUIRED.

3. The name of the South Dakota Registered Agent _____

Street Address (Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

Mailing Address (Optional – Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

4. The names and business addresses of its partners.

Partner _____ Street Address _____ City _____ State _____ ZIP+4 _____

Partner _____ Street Address _____ City _____ State _____ ZIP+4 _____

Partner _____ Street Address _____ City _____ State _____ ZIP+4 _____

Partner _____ Street Address _____ City _____ State _____ ZIP+4 _____

Dated _____

(Signature of Partner)

(Printed Name)

(Title)