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ANNUAL REPORT Foreign 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 jurisdiction under whose law it is formed _____

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

Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. 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

5. 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)