



**State of Arizona – Office of the Secretary of State
Annual Report Pursuant to A.R.S. § 29-1103
All Partnerships (Liability in Title)**

SEND BY MAIL TO:

Secretary of State Katie Hobbs, Atten: Limited Partnerships
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

PHOENIX - State Capitol Executive Tower, 1700 W. Washington Street, 2nd Fl., Ste. 220
TUCSON - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141
Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

KATIE HOBBS
SECRETARY OF STATE

PLEASE NOTE: All correspondence regarding this filing will be sent to the principal office identified on this certificate. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY
SOSBS ARS291103 REV. 01/07/2019

INSTRUCTIONS

When to use this form: To be filed with an annual report for any partnership with "liability" in the title. Reports are due every year between January 1 and April 30.

Late Fee: Any annual report received after April 30 is subject to a late-penalty fee. Enclose an additional \$25 dollars upon submission.

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online at www.azsos.gov and print it.

Submission: Submit this report in duplicate (one original, one copy) with a self-addressed, stamped envelope with payment. Any other matters, please attach additional sheets with filing.

Filing Fee and Payment: \$3 filing fee; Checks or money orders shall be made payable to the *Secretary of State*. Credit cards are not accepted.

Received after April 30: \$25 dollar additional penalty fee.

Processing: 2-3 weeks; expedited service fee \$25 (3 - 5 business days).

Website: All forms are available on the Secretary of State's website, www.azsos.gov.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

1. Partnership information				
Any Partnership with "Liability" in the Title				
Name of the Partnership on File				
Secretary of State Registration No.	Domestic State of Formation of Foreign Partnership, if applicable		Date of formation / /	
a. Principal office information				
Street address (P.O. Box or C/O are unacceptable)		City	State	Zip Code
b. Office address maintained in the state of organization				
Address		City	State	Zip Code
2. Agent for service of process information			Phone number (include area code)	
Agent for service of process		Optional ()		
Arizona address of agent (P.O. Box or C/O are unacceptable)		City	State AZ	Zip Code
3. Attestation:				
I/we, the undersigned, declare under penalty of law, that I/we have examined the attached report and to the best of my/our knowledge, believe it to be true, correct and complete.				
The names and signatures of each CURRENT general partner:				
Name of General Partner				
Signature			Month	Day Year
Name of General Partner				
Signature			Month	Day Year
Name of General Partner				
Signature			Month	Day Year