## LIMITED PARTNERSHIP QUESTIONNAIRE

Instructions: Complete all items. Attach a copy of the original Limited Partnership Agreement and all amendments. One general partner must sign.

1. LIMITED PARTNERSHIP NAME			2. TELEPHONE NUMBER
3. PREMISES ADDRESS (Street number and name, city, zip code)			
4. LIMITED PARTNERSHIP HEADQUARTERS ADDRESS			5. HEADQUARTERS TELEPHONE NUMBE
6. LIMITED PARTNERSHIP ATTORNEY'S NAME			7. ATTORNEY'S TELEPHONE NUMBER
8. LIMITED PARTNERSHIP ATTORNEY'S ADDRESS (Street number and na.	me, city, state, zip code)		<u> </u>
9. DATE LP1 OR LP5 FILED WITH SECRETARY OF STATE	LIMITED PARTNERSHIP AGREEMENT AND/OR CERTIFICATE HAS BEEN AMENDED YES NO		11. LAST AMENDMENT DATE
12. NAMES OF ALL GENERAL PARTNERS AND PERCEN		EFFECTIVE DATE	
PARTNER'S PRINTED NAME	PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE	
PARTNER'S PRINTED NAME	PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE	
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PARTNER'S PRINTED NAME	PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE	
13. NAMES OF ALL LIMITED PARTNERS AND PERCENT	AGE OF OWNERSHIP		
PARTNER'S PRINTED NAME	PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE	
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PARTNER'S PRINTED NAME	PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE	
I hereby certify that the above are the present general and limited pa			
partner is the real party in interest with respect to his or her position any other person not reported to the Department. The provisions of			
acknowledged. It is understood that the changes within the limited i	partnership and/or its entities hol		
reported to the Department and a fee may be required pursuant to S	bections 240/1.1 & 240/2 B&P.		
SIGNATURE OF GENERAL PARTNER	PRINTED NAME		DATE SIGNED

(Use reverse for additional names if needed)

ADDITIONAL NAMES	(if needed)	
PARTNER'S PRINTED NAME	PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
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