

DO NOT STAPLE

**FORM
UPA-1003-(D)
March 2008**

**Illinois Uniform Partnership Act
Renewal Statement of Domestic
Limited Liability Partnership**

File #:

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Payment may be made by check
payable to Secretary of State.

This space for use by
Secretary of State.

This space for use by Secretary of State.

Date:

Filing Fee:

Approved:

This renewal application is effective for one year, and will expire if not renewed within 60 days prior to the anniversary date of the original registration with the Secretary of State.

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM UPA-1001(h)/1102(g) AND THE \$25 FEE IS REQUIRED.

1. Registered Limited Liability Partnership Name: _____

2. Federal Employer Identification Number (FEIN): _____
3. Effective Date of Initial Registration: _____
4. Address of Chief Executive Office (P.O. Box alone and c/o are unacceptable.): _____

5. Illinois Registered Agent: _____
Illinois Registered Office (P.O. Box alone and c/o are unacceptable.): _____

6. Total Number of Partners (minimum of 2): _____
Fee Per Partner (x \$100) (minimum of \$200): _____
Total Filing Fee (In no event shall the fee exceed \$5,000.): _____

7. Brief statement of the business in which the partnership engages:

8. The partnership hereby applies for continual status as a registered Limited Liability Partnership.

9. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this renewal application is to the best of my knowledge and belief, true, correct and complete.

Dated _____ 20____
Month, Day Year

1. _____
Signature

Name and Title (type or print)

Name if a Corporation or other Entity

2. _____
Signature

Name and Title (type or print)

Name if a Corporation or other Entity

3. _____
Signature

Name and Title (type or print)

Name if a Corporation or other Entity

4. _____
Signature

Name and Title (type or print)

Name if a Corporation or other Entity

1. _____
Street Address

City/Town

State, ZIP

2. _____
Street Address

City/Town

State, ZIP

3. _____
Street Address

City/Town

State, ZIP

4. _____
Street Address

City/Town

State, ZIP