

DO NOT STAPLE

**FORM  
UPA-1003-(F)  
January 2008**

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

This space for use by  
Secretary of State.

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 must be made by certified check,  
cashier's check, Illinois attorney's check,  
Illinois C.P.A.'s check or money order  
payable to Secretary of State.

This space for use by Secretary of State.

Date:  
Assigned File #:  
Filing Fee: \$300  
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-1105 AND THE \$25 FEE IS REQUIRED.**

1. Registered Limited Liability Partnership Name: \_\_\_\_\_
2. Federal Employer Identification Number (FEIN): \_\_\_\_\_
3. State of Jurisdiction: \_\_\_\_\_
4. Effective Date of Initial Registration in Illinois: \_\_\_\_\_
5. Secretary of State Assigned File Number: \_\_\_\_\_
6. Address of Chief Executive Office (P.O. Box alone and c/o are unacceptable.): \_\_\_\_\_  
\_\_\_\_\_
7. Illinois Registered Agent: \_\_\_\_\_  
Illinois Registered Office (P.O. Box alone and c/o are unacceptable.): \_\_\_\_\_  
\_\_\_\_\_
8. Total Number of Partners currently: \_\_\_\_\_
9. Total Number of Partners currently domiciled in Illinois: \_\_\_\_\_

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

---

---

11. The partnership hereby applies for continual status as a foreign Limited Liability Partnership.

**12. This renewal statement is accompanied by a Certificate of Good Standing from the proper officer of the state or country wherein the LLP is formed.**

13. 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

	Signature
1.	_____ Name and Title (type or print)
	_____ Name if a corporation or other entity
	Signature
2.	_____ Name and Title (type or print)
	_____ Name if a corporation or other entity
	Signature
3.	_____ Name and Title (type or print)
	_____ Name if a corporation or other entity

	Street Address
1.	_____ City/Town
	_____ State, ZIP
	Street Address
2.	_____ City/Town
	_____ State, ZIP
	Street Address
3.	_____ City/Town
	_____ State, ZIP