

**Delaware Division of Corporations
401 Federal Street – Suite 4
Dover, DE 19901
Ph: 302-739-3073
Fax: 302-739-3812**

**Limited Liability Partnership
Annual Report**

Dear Sir or Madam:

Attached is the Annual Report for a Limited Liability Partnership to be filed in accordance with the Limited Liability Partnership Act of the State of Delaware. The fee to file the Annual Report is \$200.00 per partner. Please make your check payable to “Delaware Secretary of State”. The Annual Report is due in our office on or before June 1st.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073. Thank you for choosing Delaware as your corporate headquarters.

Sincerely,

Department of State
Division of Corporations

encl.
rev. 06/04

**STATE OF DELAWARE
ANNUAL REPORT FOR
LIMITED LIABILITY PARTNERSHIP**

1. The name of the limited liability partnership is _____
_____.

2. The number of partners the limited liability partnership has is _____.

3. The address of the registered agent in the State of Delaware is _____
_____ in the city of _____.

Zip code _____ . The name of the Registered Agent is _____
_____.

IN WITNESS WHEREOF, the undersigned has caused this annual report to be
Executed this _____ day of _____, A.D. _____.

By: _____
Partner/Authorized Person

Name: _____
Printed or Typed

**STATE OF DELAWARE
ANNUAL REPORT FOR A FOREIGN
LIMITED LIABILITY PARTNERSHIP**

1. The name of the foreign limited liability partnership is _____
_____.

2. The jurisdiction that the foreign limited liability partnership was formed is
_____.

3. The number of partners the limited liability partnership has is _____.

4. The address of the registered agent in the State of Delaware is _____
_____ in the city of _____.

Zip code _____ . The name of the Registered Agent is
_____.

IN WITNESS WHEREOF, the undersigned has caused this foreign annual
report to be executed this _____ day of _____, A.D. _____.

By: _____
Partner/Authorized Person

Name: _____
Printed or Typed