

# 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
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3. PREMISES ADDRESS <i>(Street number and name, city, zip code)</i>
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4. LIMITED PARTNERSHIP HEADQUARTERS ADDRESS	5. HEADQUARTERS TELEPHONE NUMBER
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6. LIMITED PARTNERSHIP ATTORNEY'S NAME	7. ATTORNEY'S TELEPHONE NUMBER
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8. LIMITED PARTNERSHIP ATTORNEY'S ADDRESS <i>(Street number and name, city, state, zip code)</i>
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9. DATE LP1 OR LP5 FILED WITH SECRETARY OF STATE	10. LIMITED PARTNERSHIP AGREEMENT AND/OR CERTIFICATE HAS BEEN AMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO	11. LAST AMENDMENT DATE
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**12. NAMES OF GENERAL PARTNERS AND PERCENTAGE OF OWNERSHIP**

	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

**13. NAMES OF ANY LIMITED PARTNERS WHO OWN 10% OR MORE OF THE CAPITAL OR PROFITS OF THE LIMITED PARTNERSHIP AND THEIR PERCENTAGE OF OWNERSHIP**

	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

14. ARE THERE ANY LIMITED PARTNERS WHO OWN LESS THAN 10%? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SIGNATURE OF GENERAL PARTNER	PRINTED NAME	DATE SIGNED
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