

LIMITED PARTNERSHIP QUESTIONNAIRE

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

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|--|---|----------------------------------|
| 1. LIMITED PARTNERSHIP NAME | | 2. TELEPHONE NUMBER |
| 3. PREMISES ADDRESS <i>(Street number and name, city, zip code)</i> | | |
| 4. LIMITED PARTNERSHIP HEADQUARTERS ADDRESS | | 5. HEADQUARTERS TELEPHONE NUMBER |
| 6. LIMITED PARTNERSHIP ATTORNEY'S NAME | | 7. ATTORNEY'S TELEPHONE NUMBER |
| 8. LIMITED PARTNERSHIP ATTORNEY'S ADDRESS <i>(Street number and name, city, state, zip code)</i> | | |
| 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 |

12. NAMES OF GENERAL PARTNERS AND PERCENTAGE OF OWNERSHIP

| | | | |
|--|---|--|---|
| | % | | % |
| | % | | % |
| | % | | % |
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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

| | | | |
|--|---|--|---|
| | % | | % |
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14. ARE THERE ANY LIMITED PARTNERS WHO OWN LESS THAN 10%?

Yes No

| | | |
|------------------------------|--------------|-------------|
| SIGNATURE OF GENERAL PARTNER | PRINTED NAME | DATE SIGNED |
|------------------------------|--------------|-------------|