

# 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              |
| 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<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 11. LAST AMENDMENT DATE          |

**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%?

Yes       No

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