F The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place - Room 1717, Boston, Massachusetts 02108-1512

Foreign Limited Partnership Annual Report
(General Laws Chapter 109, Section 63)

Year: _____

(1a)   The exact name of the limited partnership:

_____

(1b)   The exact name of the limited partnership as amended*

_____

(2)   If different, the name under which it proposes to do business in the Commonwealth:

_____

(3)   The jurisdiction where such partnership was organized:

_____

(4)   The date of organization: _____

(5)   The general character of the business in the Commonwealth:

_____

(6)   The business address of its principal office:

(7)   The names, business addresses and residence address of its general partners:

* *If the name of the limited partnership has been amended, attach a certificate evidencing the change issued by an officer or agency properly authorized in home state.*

(8)   The business address of its principal office in the Commonwealth, if any:

(9)   The name and street address of its resident agent in the Commonwealth:

(10)   The address of the office at which it keeps a list of the names and addresses of the limited partners and their capital contributions. The limited partnership agrees to keep those records until its registration in the Commonwealth is cancelled.

Signed *(by at least one general partner)*: _____

COMMONWEALTH OF MASSACHUSETTS

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I hereby certify that upon examination of this annual report, duly submitted to me, it appears that the provisions of the General Laws relative to limited partnerships have been complied with, and I hereby approve said statement; and the filing fee in the amount of $ _____ having been paid, said report is deemed to have been filed with me this

_____ day of _____ , 20 _____ , at _____a.m./p.m.
time

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Filing Fee $500.00
$450 if filed electronically

TO BE FILLED IN BY LIMITED PARTNERSHIP
Contact Information:

_____

_____

_____

Telephone: _____

Email: _____

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor.
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.