

LIMITED PARTNERSHIP

STATE OF MAINE

AMENDED ANNUAL REPORT

<p>_____</p> <p>Deputy Secretary of State</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>A True Copy When Attested By Signature</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>_____</p> <p>Deputy Secretary of State</p>
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(Name of Limited Partnership)

Pursuant to [31 MRSA §1330.2](#) , the undersigned limited partnership executes and delivers the following Amended Annual Report:

FIRST: The jurisdiction of its organization is _____.

SECOND: The original annual report was filed on (date) _____.

THIRD: The information has changed as follows: (attach additional pages, if necessary):

FOURTH: This information changed on* (date) _____.

Dated _____

General Partner(s) **

(signature)

(type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Certificate **MUST be signed by at least one **general partner** listed in the certificate. ([31 MRSA §1324.1.J](#))

*An amended annual report may be filed by the limited partnership to change information currently on file. The time for filing an amended annual report is from the date of the original filing until December 31st of that filing year.

The execution of this application constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)