

Illinois Uniform Limited Partnership Act  
**Articles of Conversion**

FILE #:

This space for use by Secretary of State.

**Secretary of State**  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

**SUBMIT IN DUPLICATE**

Please type or print clearly.

This space for use by Secretary of State.

**Filing Fee:** \$50

**Approved:**

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

Payment must be made by check payable to Secretary of State.  
**Please do not send cash.**

The following Limited Partnership has been converted into another organization under Article 11, Section 1102-1104, of the Uniform Limited Partnership Act (2001).

1. Limited Partnership Name: \_\_\_\_\_

2. Federal Employer Identification Number (F.E.I.N.): \_\_\_\_\_

3. Name of Surviving Entity of the conversion: \_\_\_\_\_

File Number, if applicable: \_\_\_\_\_

Type of Entity: \_\_\_\_\_

State of Jurisdiction: \_\_\_\_\_

Office Address of Survivor: \_\_\_\_\_

Street Address

City, State, ZIP

4. Effective Date of Conversion:

filing date

a later date, but not more than 30 days in the future: \_\_\_\_\_

Date (month, day, year)

This conversion meets the requirements of the Uniform Limited Partnership Act (2001), effective Jan. 1, 2005, and approved as required by the governing statutes of the converted organization.

**Form LP 1104**

**The original Articles of Conversion must be signed by all General Partners.** The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

1. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name if corporation or other entity

2. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name if corporation or other entity

3. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name if corporation or other entity

4. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name if corporation or other entity

**Signatures must be in black ink on an original document.  
Carbon copy, photocopy or rubber stamp signatures  
may only be used on conformed copies.**