

Illinois Uniform Limited Partnership Act
**Restated Certificate of
Limited Partnership**

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: \$150

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.

1. Limited Partnership Name: _____

2. Address of office at which records required by Section 111 will be kept:

Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP

3. Date of filing initial Certificate of Limited Partnership: _____

4. Federal Employer Identification Number (F.E.I.N.): _____

5. Registered Agent: _____
Name

Registered Office: _____
Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP

6. State all the provisions and changes that amend the existing Certificate of Limited Partnership:
(Attach additional sheets of this size if more space is needed.)

Form LP 202-RECE

The following signatures are required:

- at least one General Partner on record or all General Partners on record if changing the designation of the Limited Partnership or Limited Liability Partnership;
- all new General Partners; and
- all Dissociated General Partners.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

1. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if a 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.**