

Document must be filed online.

This copy is a sample and cannot be submitted for filing.

Forms can be found online at www.sos.state.co.us.

Statement of Trade Name Renewal of a Domestic Limited Partnership

filed pursuant to §7-71-105 of the Colorado Revised Statutes (C.R.S)

1. For the domestic limited partnership delivering this statement, its ID number and true name are

ID number

(Colorado Secretary of State ID number.)

True name

_____.

2. The document number of the statement of trade name to be renewed and the trade name under which such limited partnership transacts business in this state, as stated in such statement of trade name, are

Document number

Trade name

_____.

3. The registered agent name and registered agent address of the registered agent are

Name

(if an individual)

_____ (Last) _____ (First) _____ (Middle) _____ (Suffix)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

The person appointed as registered agent above has consented to being so appointed.

Street address

_____ (Street number and name)

_____ (City) _____ CO _____ (State) _____ (Zip Code)

Mailing address

(leave blank if same as street address)

_____ (Street number and name or Post Office Box information)

_____ (City) _____ CO _____ (State) _____ (Zip Code)

(If the following statement applies, adopt the statement by marking the box.)

- The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

4. The principal office address of such limited partnership's principal office is

Street address

(Street number and name)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

(If the following statement applies, adopt the statement by marking the box.)

- The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

5. The principal address of such limited partnership is

Street address

(Street name and number)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

(If the following statement applies, adopt the statement by marking the box.)

- The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

6. A brief description of the kind of business transacted or contemplated to be transacted in this state under such trade name is

_____.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

- This document contains additional information as provided by law.

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

_____	_____	_____	_____
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>

<i>(Street number and name or Post Office Box information)</i>			

<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
_____		_____	
<i>(Province – if applicable)</i>		<i>(Country – if not US)</i>	

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).