

**LIMITED PARTNERSHIP QUESTIONNAIRE**

**Instructions: Complete all items. Attach a copy of the original Limited Partnership Agreement and all amendments. One general partner must sign.**

1. LIMITED PARTNERSHIP NAME		2. TELEPHONE NUMBER
3. PREMISES ADDRESS <small>(Street number and name, city, zip code)</small>		
4. LIMITED PARTNERSHIP HEADQUARTERS ADDRESS		5. HEADQUARTERS TELEPHONE NUMBER
6. LIMITED PARTNERSHIP ATTORNEY'S NAME		7. ATTORNEY'S TELEPHONE NUMBER
8. LIMITED PARTNERSHIP ATTORNEY'S ADDRESS <small>(Street number and name, city, state, zip code)</small>		
9. DATE LP1 OR LP5 FILED WITH SECRETARY OF STATE	10. LIMITED PARTNERSHIP AGREEMENT AND/OR CERTIFICATE HAS BEEN AMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO	11. LAST AMENDMENT DATE

**12. NAMES OF ALL GENERAL PARTNERS AND PERCENTAGE OF OWNERSHIP**

PARTNER'S PRINTED NAME	PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
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**13. NAMES OF ALL LIMITED PARTNERS AND PERCENTAGE OF OWNERSHIP**

PARTNER'S PRINTED NAME	PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
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I hereby certify that the above are the present general and limited partners of the limited partnership and that each such general partner and limited partner is the real party in interest with respect to his or her position and is not acting, directly or indirectly, as an agent, employee or representative of any other person not reported to the Department. The provisions of sections 23405.1 and 23405.3 of the Business and Professions Code are hereby acknowledged and it is understood that changes within the limited partnership and/or entities holding interest in the limited partnership will be reported to the Department as required.

SIGNATURE OF GENERAL PARTNER	PRINTED NAME	DATE SIGNED
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*(Use reverse for additional names if needed)*

**ADDITIONAL NAMES** (if needed)

[illegible]