Enter Filing Year

Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605) 773-4845 corpinfo@state.sd.us

## **ANNUAL REPORT**

## FOREIGN LIMITED LIABILITY PARTNERSHIP

SDCL 48-7A-1003; 59-11-6; 59-11-24.1

FILING FEE: \$70

Make check payable to SECRETARY OF STATE

1. Business ID and Name:			
Business ID			
Business Name			
43-2A-1. "Agricultural land" defined. For purposes	s of this chapter, the term "	agricultural land" mear	ns land capable
of use in the production of agricultural crops, timber, dairy products, or fruit and other horticultural products			
mineral interest, or any lease, right-of-way, option, or	-	• •	-
governmental unit for a use other than and nonconfo	rming with agricultural use		
2. Does the entity own any agricultural land? (Required	)		
Yes No			
If the answer is yes, please answer below. "Foreign I			
States or its territories or has more than ten percent owr thereof. "Foreign Government" A Government or state-			
its states, its territories, or its federally recognized Indian			
States Citizen or a resident."			
2a. Does the entity have any foreign beneficial owners/ir	nterests?		
Yes No			
*** If the answer to Ques	tion 2 and 2A ar	e yes you mus	t file this
report on line or web pre			
https://sosenterprise.sd.c		vices/Business	s/AnnualRe
portInstr.aspx			
The jurisdiction under whose law it is formed:			
•			
4. The address of the principal or chief executive office	, wnerever located.		
Actual Street Address	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			

5. The South Dakota Regis	stered Agent's name					
	ts the registered agent <b>to be ei</b> cial registered agent, or <b>C)</b> an					
(a) The South Dakota N	loncommercial Registered Age	nt's name:				
Actual Street Address in this S	tate	City		State	ZI	P+4
Mailing Address in this State, i	f Different from Street Address	City		State	ZII	P+4
Email Address (Optional)						
(b) When listing a Comr Commercial Registe	mercial Registered Agent, pleas red Agent.	se state their CRA	A#. This numb	er can be obta	ained fr	om the
Commercial Registered Agent	Name			CRA#		
(c) Title of the office or	other position with the business	s:				
Business Office's Actual Stree	t Address in this State	City		State	ZI	P+4
Mailing Address in this State, i	f Different from Street Address	City		State ZIP+4		P+4
Email Address (Optional)						_
Partner	s addresses of the partners.  Address		City		State	ZIP+4
Partner	Address		City		State	ZIP+4
Partner	Address		City		State	ZIP+4
Please consult an attorne	(pal) A beneficial owner is a persect for legal advice if you have a request for legal advice and the	ny questions con Secretary of Sta	cerning this en	try. Any ques y statute, not	tion und permitt	der this
Owner	Description of Owner	ership			Percenta	age/Value
lo person may execute this enalty (SDCL 22-39-36).	s report knowing it is false in an	y material respec	ct. Any violatio	on may be sub	ject to	a criminal
oated		Signature of a	an authorized pers	on		
Email						
(Optional)		Printed Name	•			

7.