

**Form must be filed electronically.**

Paper forms are not accepted.

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**Statement of Registration for a Limited Partnership**

filed pursuant to §7-90-301, et seq. and §7-60-144 or 7-64-1002 of the Colorado Revised Statutes (C.R.S.)

1. If applicable, for the entity, its ID number and entity name are

ID number

\_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name

\_\_\_\_\_

2. The true name (if different from the Entity name) is:

\_\_\_\_\_

3. The entity name after registration (if applicable) is:

\_\_\_\_\_

4. The principal office address of the entity's principal office 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 name and number or Post Office Box information)*

\_\_\_\_\_

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Postal/Zip Code)*

\_\_\_\_\_  
*(Province – if applicable)*

\_\_\_\_\_  
*(Country – if not US)*

5. 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 has consented to being so appointed.

Street address

\_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (Postal/Zip Code)

**Mailing address**

(leave blank if same as street address)

\_\_\_\_\_  
(Street name and number or Post Office Box information)

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

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

6. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_.  
(mm/dd/yyyy hour:minute am/pm)

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\_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Suffix)

\_\_\_\_\_  
(Street name and number 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 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.

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