

Illinois
Uniform Limited Partnership Act
Merger

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.ilsos.gov

SUBMIT IN DUPLICATE

Please type or print clearly.

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void. Please do not send cash.

Filing Fee: \$50

Approved:

1. Name, Type and Jurisdiction of each Entity that is party to the merger:

Name of Entity	Type of Entity	Jurisdiction	File Number
Name of Entity	Type of Entity	Jurisdiction	File Number
Name of Entity	Type of Entity	Jurisdiction	File Number
Name of Entity	Type of Entity	Jurisdiction	File Number

2. The merger has been approved by each entity that is a party to the merger in accordance with Sections 1106-1109.

3. Name of Surviving Entity: _____
Name

Type of Entity Jurisdiction

Jurisdiction Mailing Address City/State ZIP

4. Effective Date of Merger (check one):

filing date

a later date, but not more than 30 days subsequent to the filing date _____
Date (month, day, year)

5. If the surviving entity is created by this merger, the organizational document must be attached.

6. If there are changes to the surviving entity by reason of this merger, the changes must be set forth below:
For additional space, continue in the same format on a plain white 8.5 x 11 sheet of paper.

Form LP 1108

7. Each entity has approved this merger as required by its governing statutes.

8. Each LP, by each General Partner, and/or other entity that is party to this Merger has signed below by the duly authorized person(s), each of whom 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)

Name of entity

2. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

Name of entity

3. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

Name of entity

4. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

Name of 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.**