

Form 804**(Revised 11/12)**

Submit in duplicate to:
 Secretary of State
 Reports Unit
 P.O. Box 12028
 Austin, TX 78711-2028
 Phone: (512) 475-2705
 FAX: (512) 463-1423
 Dial: 7-1-1 for Relay Services
Filing Fee: [See Instructions](#)



**Periodic Report
of a
Limited Partnership**

This space reserved for filing office use.

File Number: _____1. The name of the limited partnership is: *(A name change requires an amendment; see Instructions)*2. It is organized under the laws of: *(Set forth state or foreign country)* _____

3. The name of the registered agent is:

 A. The registered agent is an organization (cannot be entity named above) by the name of:**OR** B. The registered agent is an individual resident of the state whose name is:

First Name

MI

Last Name

Suffix

4. The registered office address, which is identical to the business address of the registered agent in Texas, is:
(Only use street or building address; see Instructions)

Street Address

City

State

Zip Code

TX

5. The address of the principal office in the United States where the records are to be kept or made available
is: *(Only use street or building address; see Instructions)*

Street or Mailing Address

City

State

Zip Code

Country

USA

6. The names and addresses of all general partners of the limited partnership are: *(Address changes are allowed;
additions or deletions of general partners, or a name change of an existing general partner require an amendment; see Instruction 6.)***NAME AND ADDRESS OF GENERAL PARTNER** (Enter the name of either an individual or an organization, but not both.)**IF INDIVIDUAL**

First Name

MI

Last Name

Suffix

OR**IF ORGANIZATION***Organization Name*

Street or Mailing Address

City

State

Zip Code

Country

NAME AND ADDRESS OF GENERAL PARTNER (Enter the name of either an individual or an organization, but not both.)**IF INDIVIDUAL**

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>
OR			
IF ORGANIZATION			
<i>Organization Name</i>			
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Country</i>			

NAME AND ADDRESS OF GENERAL PARTNER (Enter the name of either an individual or an organization, but not both.)**IF INDIVIDUAL**

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>
OR			
IF ORGANIZATION			
<i>Organization Name</i>			
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Country</i>			

Execution:

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: _____ Signed on behalf of the limited partnership

By (general partner)