STATE OF SOUTH CAROLINA
SECRETARY OF STATE

APPLICATION FOR REGISTRATION
OF
FOREIGN LIMITED PARTNERSHIP

Pursuant to Section 33-42-1620 of the 1976 S.C. Code, as amended, the undersigned foreign limited partnership submits the following:

1. Name of Limited Partnership:

2. Name under which business will be transacted:

3. Date of Organization: __________
   State of Organization: ___________________________

4. Name and Address of Registered Agent in South Carolina:

   (Agent’s Name)

   (Street Address)

   (City, State, Zip Code)

   I hereby consent to the appointment as registered agent

   (Agent’s Signature)

5. The Secretary of State is appointed the agent of the foreign Limited Partnership if no agent has been appointed or, if appointed the agent’s authority have been revoked or if the agent cannot be located.

6. Home office address or principal office in state of jurisdiction:

   (Street Address)

   (City, State, Zip Code)
7. Names and addresses of General Partners:
   
a. __________________________________________________________________________________________
   (Name)
   __________________________________________________________________________________________
   (Mailing Address)
   __________________________________________________________________________________________
   (City, State, Zip Code)
   
b. __________________________________________________________________________________________
   (Name)
   __________________________________________________________________________________________
   (Mailing Address)
   __________________________________________________________________________________________
   (City, State, Zip Code)
   
c. __________________________________________________________________________________________
   (Name)
   __________________________________________________________________________________________
   (Mailing Address)
   __________________________________________________________________________________________
   (City, State, Zip Code)
   (Add additional lines if necessary)
   
8. Address of office where a list of names and addresses of the Limited Partners and their capital contributions is kept:
   
   __________________________________________________________________________________________
   (Street Address)
   __________________________________________________________________________________________
   (City, State, Zip Code)
   
9. The undersigned foreign limited partnership affirms that a list of names and addresses of the limited partners along with their capital contributions will be kept at the address listed in #8 until the foreign limited partnership’s registration in South Carolina is cancelled or withdrawn.
   
   Date: ____________
   
   Name of Limited Partnership:
   
   __________________________________________________________________________________________
   (Signature of General Partner)
FILING INSTRUCTIONS

1. Include a self-addressed stamped envelope to have a filed copy returned to you by mail. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.

2. An original certificate of existence not more than 30 days old from the domestic state.

3. Filing Fee (payable to the Secretary of State at the time of filing this application) - $10.00

Return to:
Secretary of State
Attn: Corporate Filings
1205 Pendleton Street Suite 525
Columbia, SC 29201

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE.