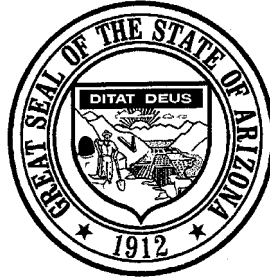


Ken Bennett  
Secretary of State  
Limited Liability Partnerships  
1700 W. Washington, 7<sup>th</sup> Fl.  
Phoenix, Arizona 85007



Secretary of State Use:

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**SUBMIT IN DUPLICATE with a self addressed stamped envelope.**

All correspondence regarding this filing will be sent to principal office.

**ANNUAL REPORT PURSUANT A.R.S. §29-1103**  
**LIMITED LIABILITY PARTNERSHIP OR FOREIGN LIABILITY LIMITED PARTNERSHIP**

Annual report due between January 1 and April 30 of each year

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Name of the Limited Liability Partnership Secretary of State File Number (optional)

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Name of Agent for Service of Process Phone Number

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Arizona address of Agent (PO Box and C/O are not acceptable) City Arizona Zip

The address of the chief executive office used by the Limited Liability Partnership in this state (**IF ANY**):

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Address (PO Box and C/O are not acceptable) City Arizona Zip

The address of the office to be maintained in the state of organization:

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Address City State Zip

Other pertinent matters affecting the Limited Liability Partnership:

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I declare under penalty of law, that I (we) have examined this report and to the best of my (our) knowledge, believe they are true, correct and complete.

Signature of General Partners:

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Signature Print Name Date

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Signature Print Name Date