Delaware Division of Corporations 401 Federal Street – Suite 4 Dover, DE 19901 Phone: 302-739-3073 Fax: 302-739-3812

## Application for Transfer of Reservation Of Limited Partnership Name

Dear Sir or Madam:

Enclosed please find an application for Transfer of Reservation of Limited Partnership to be filed in accordance with the Limited Partnership Act of the State of Delaware.

The fee to file the application is \$75.00 to be accompanied with a completed application. Please make your check payable to the "Delaware Secretary of State". An invoice and copy of your application will be returned for your records.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State Division of Corporations

encl. rev. 08/06

## **STATE OF DELAWARE APPLICATION FOR TRANSFER OF** LIMITED PARTNERSHIP NAME **PURSUANT TO TITLE 6, SECTION 17-103 OF THE DELAWARE CODE**

## TO THE SECRETARY OF STATE **OF THE STATE OF DELAWARE:**

1. NAME AND ADDRESS OF APPLICANT:

2. WE RESERVED THE FOLLOWING LIMITED PARTNERSHIP NAME FOR A PERIOD OF 120 DAYS:

## 3. PLEASE HAVE THE RESERVATION TRANSFERRED TO:

By:\_\_\_\_\_\_Signature of Applicant

Name:

Print or Type