

Form **UPA-1003-(D)**

November 2021

**Secretary of State**

Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
217-524-8008  
ilsos.gov

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois  
Uniform Partnership Act  
**Renewal Statement of Domestic**

FILE #  
Due Prior To:

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**

Type or print clearly.

Filing Fee: \$

Approved:

**THIS RENEWAL STATEMENT IS EFFECTIVE FOR ONE YEAR. LLP STATUS WILL EXPIRE IF THIS STATEMENT IS NOT FILED WITHIN 60 DAYS PRIOR TO THE ANNIVERSARY DATE OF THE ORIGINAL QUALIFICATION WITH THE SECRETARY OF STATE.**

**DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM UPA-1001(h)/1102(g) AND THE \$25 FEE IS REQUIRED.**

1. Limited Liability Partnership Name: \_\_\_\_\_  
\_\_\_\_\_

2. Federal Employer Identification Number (FEIN): \_\_\_\_\_

3. Effective Date of Initial Qualification: \_\_\_\_\_

4. Address of Chief Executive Office (P.O. Box alone and C/O are unacceptable.): \_\_\_\_\_

Street Address

City

State

Zip

5. Illinois Registered Agent: \_\_\_\_\_

Name

Illinois Registered Office (P.O. Box alone and C/O are unacceptable.): \_\_\_\_\_

IL

Street Address

City

Zip

6. Total Number of Partners (minimum of 2): \_\_\_\_\_

Fee Per Partner (x \$100) (minimum of \$200): \_\_\_\_\_

Total Filing Fee (In no event shall the fee exceed \$5,000.): \_\_\_\_\_

7. Brief statement of the business in which the partnership engages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The undersigned declares, under penalties of perjury, having authority to sign hereto, that this renewal application is to the best of my knowledge and belief, true, correct and complete.

Executed on \_\_\_\_\_, 20\_\_\_\_ by a partner.  
Month, Day Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Partner Name if a Corporation or other Entity

\_\_\_\_\_  
State, Zip