

The Business Names Registration Act
CHANGE IN A LIMITED PARTNERSHIP



PLEASE PRINT OR TYPE.

1) Name of limited partnership		
2) Name and address to which duplicate should be returned (include postal code)	3) Contact person, if different from registrant Tel. (8:30-4:30)	
4) Full name and address of general partner(s) on file		
5) The place of business is (full address, including postal code)		
6) The change occurred on		
For a change in general partner(s), complete item 7 For a change in limited partners, complete item 8 <u>OR</u> 9 For a change in capital by a limited partner, complete item 10		
7) A change in the general partner(s) occurred, as follows:		
a) The following ceased to be a general partner(s):	Address	Signature and office held
b) The following became general partner(s):	Address	Signature and office held

OFFICE USE ONLY
Date of Filing: _____
Date of Expiry Remains: _____
Registration Number: _____
Business Number: _____

Cash Register Endorsement

8) A change in the **limited partners** occurred, as follows:

a) The following **ceased** to be limited partner(s):

Address

b) The following **became** limited partner(s):

Address

Capital Contribution

9) A change in the limited partners occurred. Schedule _____ is attached with a **complete** list of the names, addresses and capital contributions of **all** limited partners **after** the change.

10) A change in the capital contributed by a limited partner(s) occurred, as follows:

Full name of limited partner

Total capital contribution **after** change

Schedule _____ is attached with additional changes.

Declaration:

No other firm, person or corporation is associated in partnership with the registrant(s).

11) Signature

Office held

Signature of general partner after the change (**and on behalf of all limited partners**)