

**COMPANIES OFFICE
FILING REQUEST**



Series _____ of _____

Entity Name: _____
 Registry Number: _____ and/or Business Number: _____

A Return Address: _____
 Contact Person: _____
 Telephone No.: _____
 Client Reference Number: _____

<p>B Name Reservation Number, if applicable: _____</p>	<p>C EXPEDITED SERVICE REQUESTED: (additional fees apply)</p>	<p>D Effective Date – is the date documents are received unless you specify a date up to 30 days in the future: _____ Day Month Year Documents will be processed and released after this date</p>
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<p>E Confirm Mailing Address for Annual Return/Renewal: Same as box A Note: If not completed, the registered office address will be recorded as the mailing address</p>	<p>F Provide an email address if you wish to receive Annual Return/Renewal notifications electronically: _____</p>
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**Return fee and two copies to:
 Companies Office 1010 – 405 Broadway, Winnipeg, MB. R3C 3L6**

OFFICE USE ONLY			
Type of forms being filed: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Cooperative			Initials:
Fees:	Payment method OR Account number:	Received On:	
_____ _____ _____			
Released Date (dd/mm/yyyy):	Released By:	Pickup Date (dd/mm/yyyy):	Signature (Pickup):

The Business Names Registration Act
CHANGE IN A LIMITED PARTNERSHIP



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 Telephone (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 OR 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

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

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

Address

b. The following **became** limited partners(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 partners(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

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

Office held