

**Contact:****Kansas Secretary of State, Ron Thornburgh**Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594(785) 296-4564  
kssos@kssos.org  
www.kssos.org***Save time and money by filing your annual report online at [www.kssos.org](http://www.kssos.org)***

All information on your annual report must be complete and correct and the filing fee must accompany this report or it will not be accepted for filing.

- 1. **FILING FEE:** The filing fee for the annual report is \$55. If you are filing this annual report as part of a reinstatement due to forfeiture, you may owe a different fee (fees are listed with the reinstatement form). For more information, please call (785) 296-4564.
- 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Annual reports received without the appropriate fee will not be accepted for filing. Please do not send cash.
- 3. **MAILING ADDRESS:** This is the address where you would like to receive official mail from the Secretary of State's office. If your address has changed, check the box on the form, so that we may update our records with your new address.
- 4. **DUE DATE:** Annual reports are due on the 15th day of the fourth month following the tax closing month.  
*Example: If the tax closing month is December, the due date is April 15 of the following year. The annual report may be filed as early as January 1.*
- 5. **FORFEITURE DATE:** If the annual report is not filed and the appropriate fee is not paid within 90 days following the due date, the business will be forfeited in Kansas. If the forfeited business wishes to return to active and good standing status, a reinstatement process is required and penalties will be assessed.  
*Example: If the tax closing month is December, the due date is April 15, and the forfeiture date is July 15. A business must file the annual report and pay the annual report fee on or before the forfeiture date to avoid forfeiture.*
- 6. **CORRECTED ANNUAL REPORT:** If you wish to correct information that was erroneously provided on a previously filed annual report, you may file a Corrected Document form (form COR). Complete the form and attach a complete and correct new Annual Report (form LLP) and submit with a \$55 filing fee.
- 7. **ADDITIONAL INFORMATION:** If additional space is needed, please provide an attachment.

**STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO [WWW.KSSOS.ORG](http://WWW.KSSOS.ORG). UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.**

**NOTICE:** *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

**LLP**  
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KANSAS SECRETARY OF STATE

**Limited Liability Partnership  
Annual Report**

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*Above space is for office use only.*



**INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.  
Please read instructions sheet before completing.*

<b>1. Business entity ID Number:</b> <i>This is not the Federal Employer ID Number (FEIN)</i>	
<b>2. Partnership name:</b> <i>Name must match the name on record with the Secretary of State</i>	
<b>3. Mailing address:</b> <i>This address will be used to send official mail from the Secretary of State's office</i>	<input type="checkbox"/> Check this box if this is a new address. Our records will be updated ONLY if this box is checked.  Address  City State Zip Country
<b>4. Tax closing date:</b>	Month Year
<b>5. State of organization:</b>	
<b>6. List the names and addresses of partners who own 5% or more of capital (Kansas LLPs only):</b> <i>If additional space is needed please provide an attachment</i>	1) Name Address City State Zip Country 2) Name Address City State Zip Country 3) Name Address City State Zip Country
<b>7. Federal Employer ID Number (FEIN):</b>	

**8. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee. Do not leave blank.**

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*Signature of partner*

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*Date (month, day, year)*

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*Name of signer (printed or typed)*

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*Phone number*