



LP-10

State of California Secretary of State

Restated Certificate of Limited Partnership

A \$30.00 filing fee must accompany this form.

Certify Copy Fee (Optional) - \$5.00

This Space For Filing Use Only

Entity Number	Entity Name (Enter the exact name of the limited partnership.)
1. Secretary of State Entity Number	2. Name of Limited Partnership

Entity Name as Amended (If applicable, enter the name of the limited partnership as amended. End the name with the words "Limited Partnership" or the abbreviation "LP" or "L.P.")

3. Name of Limited Partnership

Entity Addresses

4a. Street Address of Designated Office in CA	City	State	Zip Code
		CA	
4b. Mailing Address of Limited Partnership, if different from Item 4a	City	State	Zip Code

Agent for Service of Process (If the agent is an individual, complete both Items 5 and 6. If the agent is a corporation, complete Item 5 and leave Item 6 blank.)

5. Name of Agent for Service of Process

6. If an individual, Street Address of Agent for Service of Process in CA	City	State	Zip Code
		CA	

General Partner(s) (Enter the current name and address of each general partner and check the box if the name of the general partner has changed. Attach additional pages, if necessary. Note: The name and address of any new general partners and the name of any dissociated general partners may be included in an attachment to this certificate.)

7a. Name	Address	City	State	Zip Code
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☐ The name of this general partner has changed from:

7b. Name	Address	City	State	Zip Code
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☐ The name of this general partner has changed from:

Additional Information

8. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

Execution (This certificate must be signed by at least one general partner unless otherwise provided by law. If additional signature space is necessary, the signatures may be made on an attachment to this certificate. Any attachments to this certificate are incorporated herein by this reference.)

9. By signing this document I affirm under penalty of perjury that the stated facts are true.

Signature of General Partner

Type or Print Name of General Partner

Signature of General Partner

Type or Print Name of General Partner