

# STATEMENT OF PARTNERSHIP AUTHORITY

## Connecticut Partnership

Office of the Secretary of the State  
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/01/2001

Space for Office Use Only		<b>Filing Fee: \$75.00</b>
<b>1. NAME OF THE PARTNERSHIP:</b>		
<b>2. ADDRESS OF THE PARTNERSHIP'S CHIEF EXECUTIVE OFFICE:</b>		
_____ _____ _____		
<b>3. ADDRESS OF OFFICE IN CONNECTICUT (if any):</b>		
_____ _____ _____		
<b>4. REFERENCE AND ATTACH NAMES AND MAILING ADDRESSES OF ALL PARTNERS (OR) PROVIDE THE NAME AND MAILING ADDRESS FOR THE AGENT OF THE PARTNERSHIP BELOW:</b>		
Name of Agent:	Mailing Address:	
<b>5. REFERENCE AND ATTACH THE NAMES OF THE PARTNERS WHO ARE AUTHORIZED TO EXECUTE AN INSTRUMENT TRANSFERRING REAL PROPERTY HELD IN THE NAME OF THE PARTNERSHIP:</b>		
<b>EXECUTION BY AT LEAST TWO PARTNERS:</b>		
Dated this _____ day of _____, 20_____.		
We hereby declare under the penalties of false statement that the statements made in the foregoing document is true.		
<b>6. Type or print names of signing partners</b>	<b>7. Signatures</b>	

**Reference an 8 1/2 X 11 attachment if additional space is required.**