

FORM LP

LIMITED PARTNERSHIP	Development Name: _____ City: _____, S.C.
Name of LP: _____ LP includes the following: ___For Profit ___Non-Profit Address: _____ City _____ State _____ Zip: _____ Tax ID Number: _____ or date applied for: _____	
Partners	
	Percentage of Ownership
1. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____%
2. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____%
3. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____%
4. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____%
5. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____%

NOTE: This form must be completed for each LLC that is involved in the proposed development. If any of the Members are Corporations, Limited Liability Companies, or Limited Partnerships then you must also complete, in addition to this form, one or more of the following, as applicable: FORM CORP, FORM LP, and/or FORM LLC. All necessary forms must be submitted so as to ascertain the Principals of the development.