



State of California Secretary of State

Form GP-7

STATEMENT OF AMENDMENT/CANCELLATION

IMPORTANT – Read instructions on back before completing form.

1. NAME OF PARTNERSHIP

2. SECRETARY OF STATE FILE NUMBER

3. THIS FILING (CHECK ONE)

- AMENDS THE PARTNERSHIP STATEMENT FILED WITH THE SECRETARY OF STATE OF CALIFORNIA ON _____.
- CANCELS THE PARTNERSHIP STATEMENT FILED WITH THE SECRETARY OF STATE OF CALIFORNIA ON _____.

4. THIS FILING AMENDS OR CANCELS THE FOLLOWING PARTNERSHIP STATEMENT: (CHECK ONE)

- STATEMENT OF PARTNERSHIP AUTHORITY (GP-1) SECRETARY OF STATE FILE NUMBER: _____
- STATEMENT OF DENIAL (GP-2) SECRETARY OF STATE DOCUMENT # _____
- STATEMENT OF DISSOCIATION (GP-3) SECRETARY OF STATE DOCUMENT # _____
- STATEMENT OF DISSOLUTION (GP-4) SECRETARY OF STATE DOCUMENT # _____
- STATEMENT OF CONVERSION SECRETARY OF STATE DOCUMENT # _____
- STATEMENT/CERTIFICATE OF MERGER (GP-6) SECRETARY OF STATE DOCUMENT # _____
- STATEMENT OF AMENDMENT/CANCELLATION (GP-7) SECRETARY OF STATE DOCUMENT # _____

5. THE STATEMENT IDENTIFIED IS HEREBY AMENDED OR CANCELED AS FOLLOWS: (STATE SUBSTANCE OF AMENDMENT OR CANCELLATION) (ATTACH ADDITIONAL PAGES IF NECESSARY.)

6. NUMBER OF PAGES ATTACHED, IF ANY:

7. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

For Secretary of State Use

DOCUMENT # _____

SIGNATURE OF PARTNER _____

DATE EXECUTED _____

TYPE OR PRINT NAME OF PARTNER _____

COUNTY AND STATE EXECUTED _____

SIGNATURE OF PARTNER _____

DATE EXECUTED _____

TYPE OR PRINT NAME OF PARTNER _____

COUNTY AND STATE EXECUTED _____

8. RETURN TO:

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

