



State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

FILING FEE \$ 65.00

OPTIONAL EXPEDITED
SERVICE

+\$25.00

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FORM **618** Mandatory

**Foreign Limited Liability Partnership
Annual Report**

Entity ID #

Required under sec. [178.0913](#) Wis. Stats.

Due: March 31st

1 Name of Entity:

2 Formed under the laws of (State or Country):

3 Registered Agent Email Address:

4 Registered Agent Name/Registered Office Address

5 Principal Office Address:

6 Name of at least one **Partner** (attach additional pages as needed.)

Partner:

Partner:

Partner:

Partner:

Partner:

Partner:

Printed Name:

Partner Other Title: _____

Signature:

Date:

Mailing Address:
State of WI-Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293-0348

**Foreign Limited Liability Partnership
Annual Report**

INFORMATION AND INSTRUCTIONS

FOR ANNUAL REPORT REQUIRED UNDER SEC. [178.0913](#), WIS. STATS.

This form is mandatory and must be used to file the REQUIRED ANNUAL REPORT for a Foreign Limited Liability Partnership. Failure to file this report may provide grounds for administrative revocation under sec. [178.09031](#), Wis. Stats.

Complete each section. IF SOMETHING IS LEFT BLANK THE REPORT WILL BE REJECTED AND RETURNED. Be sure the report is signed and dated, and include a check payable to the Department of Financial Institutions for the appropriate filing fee.

INSTRUCTIONS:

1. Enter the name of the entity.
2. Enter the name of the jurisdiction (either a state other than Wisconsin or a foreign country) under whose laws the foreign limited liability partnership is organized.
3. Provide the email address of the entity's registered agent. Annual report forms, notices and other official communications are directed to the corporation's registered agent, so it is important to keep this information current.
4. Provide the name of the registered agent and registered office address. The registered office must be the business office of the registered agent, and the registered office address must be a physical location in Wisconsin with a street address (not merely a P.O. Box or mailbox service). Each entity must continuously maintain in this state a registered office and registered agent with an email address. The entity may not act as its own registered agent.
5. Enter the address of the entity's principal executive office.
6. Provide the name of at least one partner of the entity.

Execution. This document must be signed by a person authorized by the entity.

NONREFUNDABLE FILING FEE: Make remittance payable to the [Department of Financial Institutions](#).

Optional expedited service: The nonrefundable expedited service is available for **\$25.00 additional**.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577 (hearing-impaired may call 711 for TTY) or by email at DFICorporations@dfi.wisconsin.gov.