

**SERVICO, INC.**  
**P.O. BOX 871**  
**ALBANY, NY 12201**  
**PHONE 518-463-4179**  
**FAX#: 518-463-3752**

**LIMITED PARTNERSHIP MERGER**

1) The name of each constituent Limited Partnership (and state if original name of the Limited Partnership was ever changed):

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2) Name of surviving Limited Partnership: \_\_\_\_\_

3) The date of filing of each constituent Limited Partnership:

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4) If either of the constituent Limited Partnership's is a foreign entity (if all entities are domestic New York entities leave this section blank):

Name of Foreign Limited Partnership: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Filing Date in home jurisdiction: \_\_\_\_\_

5) If the domestic Limited Partnership is the survivor, state any changes to be made to the existing Limited Partnership if any: \_\_\_\_\_

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6) If the surviving Limited Partnership is a foreign entity, an agreement statement that the surviving foreign entity maybe served with process in this state in any action or proceeding in the State of New York.

7) Service of Process address If the surviving Limited Partnership is a foreign entity:

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8) Future effective date, if different from filing date: \_\_\_\_\_

9) Name of General Partner for each constituent Limited Partnership:

\_\_\_\_\_  
\_\_\_\_\_

PREPARE AND FILE	\$100.00
DISBURSEMENT TO DEPT. OF STATE (Filing)	\$ 85.00 Rush
ADMINISTRATIVE HANDLING	<u>\$ 5.00</u>
TOTAL:	\$190.00

Your Name: \_\_\_\_\_

Your Firm: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Your Fax #: \_\_\_\_\_

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_ IN THE AMOUNT OF \*\* \_\_\_\_\_

Print Name of Card Holder: \_\_\_\_\_

Print Complete Billing Address on Credit Card: \_\_\_\_\_