



State of Arizona – Office of the Secretary of State  
**Annual Report Pursuant to A.R.S. § 29-1103**  
 All Partnerships (Liability in Title)

SEND BY MAIL TO:  
 Secretary of State Katie Hobbs, Atten: Limited Partnerships  
 1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:  
**PHOENIX** - State Capitol Executive Tower, 1700 W. Washington Street, 2nd Fl., Ste. 220  
**TUCSON** - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141  
 Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

**KATIE HOBBS**  
 SECRETARY OF STATE

PLEASE NOTE: All correspondence regarding this filing will be sent to the principal office identified on this certificate. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

DO NOT WRITE IN THIS SPACE

**FILED**

MAR 23 2021

4000685  
**ARIZONA SECRETARY OF STATE**

FOR OFFICE USE ONLY  
 SOSBS ARS291103 REV. 01/07/2019

**INSTRUCTIONS**

**When to use this form:** To be filed with an annual report for any partnership with "liability" in the title. Reports are due every year between January 1 and April 30.

**Late Fee:** Any annual report received after April 30 is subject to a late-penalty fee. Enclose an additional \$25 dollars upon submission.

**Be Accurate:** Complete all applicable fields on this form. Write legibly; or fill out this application online at [www.azsos.gov](http://www.azsos.gov) and print it.

**Submission:** Submit this report in duplicate (one original, one copy) with a self-addressed, stamped envelope. Any other matters, please attach additional sheets

**Filing Fee and Payment:** \$3 filing fee; Checks or money orders shall be made payable to the Secretary of State. Credit cards are not accepted.

**Received after April 30:** \$25 dollar additional penalty fee.

**Processing:** 2-3 weeks; expedited service fee \$29 (3 business days). **ANN RPT/AFFDPLG \$3.00**

**Website:** All forms are available on the Secretary of State's website, [www.azsos.gov](http://www.azsos.gov).

**Questions?** Call (602) 542-6187; in-state/toll-free (800) 458-5842.

**1. Partnership Information**

Any Partnership with "Liability" in the T

Name of the Partnership on File

Southfork Porperties Limited Liability Partnership

Secretary of State Registration No.  
4000685

Domestic State of Formation of Foreign Partnership, if applicable

Date of formation  
/ /

**a. Principal office information**

Street address (P.O. Box or C/O are unacceptable)  
300 Southfork Rd

City  
Springerville

State Zip Code  
AZ 85925

**b. Office address maintained in the state of organization**

Address

City

State Zip Code

**2. Agent for service of process information**

Agent for service of process  
Geroge B Ruyle

Phone number (include area code)

Optional  
(520) 349-0188

Arizona address of agent (P.O. Box or C/O are unacceptable)  
838 W Chrysanthia Ct

City  
Oro Valley

State Zip Code  
AZ 85755

**3. Attestation:**

I/we, the undersigned, declare under penalty of law, that I/we have examined the attached report and to the best of my/our knowledge, believe it to be true, correct and complete.

**The names and signatures of each CURRENT general partner:**

Name of General Partner  
Sarahmarge Crigler

Signature  
*Sarahmarge Crigler*

Month Day Year  
X 2 17 '21

Name of General Partner

Signature

Month Day Year

Name of General Partner

Signature

Month Day Year