

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S016715

Assigned by  
Secretary of State



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LPR306/20/00:01:6325:  
SOSIL S016715 FILED 201

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

- Limited partnership's name: DT CAPITAL PARTNERS, L.P. VI
- The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 401 S. LA SALLE ST./STE. 302, CHICAGO, IL 60605  
COOK COUNTY
- Federal Employer Identification Number (F.E.I.N.): 36-4372547
- This certificate of limited partnership is effective on: (Check one)  
a)  the filing date, or b)  another date later than but not more than 60 days subsequent to the filing date: \_\_\_\_\_  
(month, day, year)
- The limited partnership's registered agent's name and registered office address is:  

Registered agent:	<u>MICHAEL</u>	<u>JOHN</u>	<u>MARTIN</u>
	First name	Middle name	Last name
Registered Office:	<u>401 S. LA SALLE, SUITE 606</u>		
(P.O. Box alone and c/o are unacceptable)	<u>CHICAGO</u>	<u>COOK</u>	<u>Illinois 60605</u>
	Number	Street	Suite #
	City	County	Zip Code
- The limited partnership's purpose(s) is: TO TRANSACT ANY OR ALL LAWFUL BUSINESS FOR WHICH A LIMITED PARTNERSHIP MAY BE CREATED UNDER THE REVISED UNIFORM LIMITED PARTNERSHIP ACT OF 1986 INCLUDING HEDGE FUND INVESTING.
- IRS Business Code Number is: 523900
- Dissolution date is:  Perpetual or \_\_\_\_\_  
(month, day, year)

# UNOFFICIAL COPY

Form LP 201  
(Rev. Jan. 1995)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is  
ONE HUNDRED THOUSAND (\$100,000.00) DOLLARS

9. A brief statement of the partners' membership termination and distribution rights:

THE PARTNERSHIP AND MEMBERSHIP THEREIN IS TERMINATED UPON THE BANKRUPTCY,  
INSOLVENCY, DISSOLUTION, DEATH, RESIGNATION, WITHDRAWAL OR RETIREMENT OF  
THE GENERAL PARTNER. TERMINATION MAY ALSO OCCUR UPON THE SALE OF ALL OR  
SUBSTANTIALLY ALL ASSETS. DISTRIBUTION IS AS FOLLOWS: EXPENSES OF  
PARTNERSHIP; DEBTS OWING PARTNERS; CAPITAL ACCOUNTS.

### NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

All general partners are required to sign the certificate of limited partnership.

Signature 

Type or print name and title DENNIS P. FLYNN  
PRESIDENT OF GENERAL PARTNER

Name of General Partner if a corporation or  
other entity D.T. FUND MANAGEMENT, INC.

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

### BUSINESS ADDRESS

Number/Street 401 S. LA SALLE, SUITE 302

City/town CHICAGO

State ILLINOIS Zip Code 60605

Number/Street \_\_\_\_\_

City/town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number/Street \_\_\_\_\_

City/town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

### FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

**DO NOT SEND CASH!**

### RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960