

00508340

Form 920
(Rev. Jan. 1995)

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2000-07-10 14:04:48
Cook County Recorder 23.50



75.00 C#01
CER406/13/00:01:0803:
SOSIL C010766 FILED 201

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C010766

Assigned by
Secretary of State

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: Mad River Manor Associates III Limited Partnership
- 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) 800 S. Milwaukee Avenue, Suite 170, Libertyville, Lake County, Illinois 60048-3255
- Federal Employer Identification Number (F.E.I.N.): applied for
- 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: Douglas J. Antonio
First name Middle name Last name
Registered Office: 227 West Monroe Street, Suite 3400
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
Chicago Cook Illinois 60606
City County Zip Code
- The limited partnership's purpose(s) is: to acquire, invest, manage, redevelop, rehabilitate and lease certain residential rental property

IRS Business Code Number is: 6599

7. Dissolution date is: Perpetual or December 31, 2050
(month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is \$100.00

9. A brief statement of the partners' membership termination and distribution rights:
No partner has the right to terminate his membership in the partnership and to receive a distribution.

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 AND NAME
Signature Dennis R. Egidi

Type or print name and title
Dennis R. Egidi, President

Name of General Partner if a corporation or other entity
DRE, 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 800 S. Milwaukee Ave., Ste. 170

City/town Libertyville

State Illinois Zip Code 60048-3255

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 & MAIL TO:

DOUGLAS J. ANTONIO
227 W. MONROE STREET
SUITE 3400
CHICAGO, IL 60606