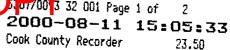
CER408/04/00:01:1094: 25.00 P. SOSIL C002314 FILED 203

## PART OF THE REPORT OF THE PART OF THE PART

(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



00614537

Return to Box 416: (R. Cordes)

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

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

1.	Limited partnership's name: Eleven - Eleven P ssc ciates		
۷.	File number assigned by the Secretary of State: C002314		
3.	Federal Employer Identification Number (F.E.I.N.): 36-3120329		
4. The reason for filing this certificate of cancellation: termination of parine ship			
5.	This certificate of cancellation is effective on: (Check one)		
	(a) X the filing date, or (b) another date later than but not more than 60 days sut sequent to the filing date:		
	(month, day, year)		
6.	The post office address, including county, to which the Secretary of State may mail a copy of any process against the		
	limited partnership that may be served on him or her is: c/o Capital Associates Development Corp., Suite 300,		
	1201 North Clark Street, Chicago, Illinois 60610-2270 (Cook County)		
_	120   NOITH Clark Street, Chicago, Illinois 600 10-2270 (Cook County)		

Form Lap 203 (Rev. Jan. 1999)

## **UNOFFICIAL COPY**

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

The original certificate of cancellation must be signed by all general partners					
1	Signature A		NAME 00614537 Signature XUMM		
1.	Type of print name and title Thomas B. Rosenberg.  President	۷.	Type or print name and title Thomas B. Rosenberg, a General Partner		
	Name of General Partner if a corporation or other entity		Name of General Partner if a corporation or other entity		
	Capital Associates Development Corp., a General Partner				
3.	Signature Vusur & Carffulf	4.	Signature		
	Type or print name and title <u>Susan R. Compbell</u> ,  Executive Vice President		Type or print name and title		
	Name of General Partner if a corporation or other entity		Name of General Partner if a corporation or other entity		
_	C.R.H.C., Incorporated, a General Partner				
Э.	Type or print name and title	ĵ.	Type or print name and title		
	Name of General Partner if a corporation or other entity		Name o General Partner if a corporation or other entity		
			<u>'Q</u>		

(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
http://www.sos.state.il.us

0285/611116