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00614537

Form LP 103
(Rev. Jan. 1999)

07/00 3 32 001 Page 1 of 2
2000-08-11 15:05:33
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!



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

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.

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

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

- Limited partnership's name: Eleven - Eleven Associates
- File number assigned by the Secretary of State: C002314
- Federal Employer Identification Number (F.E.I.N.): 36-3120329
- The reason for filing this certificate of cancellation: termination of partnership
- This certificate of cancellation 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 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)

Return to Box 416: (R. Cordes)

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

The original certificate of cancellation must be signed by all general partners.

FILED
04/00:01:10
002314

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1. Signature [Signature]
Type or print name and title Thomas B. Rosenberg,

2. Signature [Signature]
Type or print name and title Thomas B. Rosenberg, a

President
Name of General Partner if a corporation or other entity

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

Capital Associates Development Corp., a General Partner

3. Signature [Signature]
Type or print name and title Susan R. Campbell,

4. Signature _____
Type or print name and title _____

Executive Vice President
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

5. Signature _____
Type or print name and title _____

6. Signature _____
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

(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."

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>

DO NOT SEND CASH!

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