

**Filing Fee \$25**

**SUBMIT IN DUPLICATE!**

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.

UNOFFICIAL COPY

Secretary of State  
State of Illinois



00654626

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

OFFICE USE ONLY

25.00 CK01

PR305/01/00:01:4253: 203

1. Limited partnership's name: Lake Holiday Properties Limited Partnership
2. File number assigned by the Secretary of State: C001676
3. Federal Employer Identification Number (F.E.I.N.): 36-3579274
4. The reason for filing this certificate of cancellation: Partnership no longer exists.

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5. This certificate of cancellation is effective on: (Check one)
- a) \_\_\_\_\_ the file date, or
- b) X another date later than but not more than 60 days subsequent to the filing date. 2/24/00
- 2000-08-24 09:21:01  
Cook County Recorder 23.50  
(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: \_\_\_\_\_

2000-08-24 09:21:01

Cook County Recorder	23.50
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2/24/00

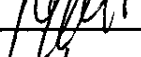


(month, day, year)

c.o Atlas Partners, LLC, 55 E. Monroe, Suite 1690, Chicago, IL 60603

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.**

**SIGNATURE AND NAME**

- |    |  |  |
|----|--|--|
| 1. | <br>(Signature)<br>Roger F. Rittenberg, General Partner<br>(Type or print name and title)<br><br>(Name of General Partner if a corporation or other entity)<br>2. <br>Roger F. Rittenberg<br>President of Lakewest Equity, Inc.<br>(Type or print name and title)<br>Lakewest Equity Properties, II<br>(Name of General Partner if a corporation or other entity) | 3. _____<br>(Signature)<br>_____<br>(Type or print name and title)<br>_____<br>(Name of General Partner if a corporation or other entity)<br>4. _____<br>(Signature)<br>_____<br>(Type or print name and title)<br>_____<br>(Name of General Partner if a corporation or other entity) |
|----|--|--|

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5.

(Signature)

(Signature)

(Type or print name and title)

(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 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

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Property of Cook County Clerk's Office