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}		All correspondence	JESSE WHITE			
		regarding this filing will	SECRETARY OF STATE STATE OF ILLINOIS			
	ĺ	be sent to the registered	STATE OF IEEINOIS			
		agent of the limited partnership unless a self-	BIENNIAL RENEWAL REPORT			
		addressed envelope <u>with</u>	(Illinois or foreign limited partnership) (Please type or print clearly)			
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		included.				
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1.	Limited partne	ership's name: <u>South Shore Limite</u>	d Partuarchin			
		,	<i>y</i>			
2.	2. Address of office where records required by Section 104 (Illinois) or Section (02 (loreign) are kept (P.O. Box alone & c/o a					
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5.	Assumed nam	ne, if any:		0		
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Street S. Green Street

City Chicago County Cook State IL ZIP Code 60607

8. State of jurisdiction: ________. If other than Illinois, attach a Certificate of Good Standing or Existence not more than 30 days old. Also give formation date _______ in that state.

_____ Suite# 412

Number 322

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Form LP 1108 (Rev. Jan. 1999)

00759037

I affirm that any entity serving as a general partner for this limited partnership is in good standing in its home state.

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

Renewal report must be sign	ned by a general partner.	7 _
Signature	thurfolt	
Type or print name and title	Peter M. Holsten, Pr	esident
Name of General Partn∈r if a	corporation or other entity	Holsten Real Estate
Development Cor	poration	
(Signature must be in BLACF used on conformed copies.)		Carbon copy, photocopy or rubber stamp signatures may only be
RETURN TO: Secretary of State Department of Business Servalimited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960 http://www.sos.state.il.us.	rices	Colling Control Signature of the Signatu
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