

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S017097

Assigned by  
Secretary of State

Return to: Department of  
Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, IL 62756  
Telephone: (217) 785-8960  
http://www.sos.state.il.us.

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 LIMITED PARTNERSHIP  
(Illinois limited partnership)  
(Please type or print clearly)



LPR310/24/00:01:1459: 125.00 CK02  
S05IL S017097 FILED 201

1. Limited partnership's name: Golub Ravines Investors, L. P.

2. 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) 625 N. Michigan Avenue COOK  
Chicago IL

3. Federal Employer Identification Number (F.E.I.N.): Applied For

4. 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)

5. The limited partnership's registered agent's name and registered office address is:

Registered agent:	<u>David</u>	<u>Glickstein</u>
	First name	Last name
Registered Office:	<u>203 North LaSalle</u>	
(P.O. Box alone and c/o are unacceptable)	Number	Suite #
	<u>Chicago, Illinois</u>	<u>60601</u>
	City	ZIP Code
	<u>COOK</u>	
	County	

6. The limited partnership's purpose(s) is: Real Estate

IRS Business Code Number is: 531390

7. Dissolution date is:  Perpetual or 12-31-2050  
(month, day, year)

PBK  
Box 416

8. The total aggregate dollar amount of cash, property and services contributed by all partners is  
\$1,000.00

9. A brief statement of the partners' membership termination and distribution rights:

The Partners have no voluntary termination rights. Upon termination of the Partnership, the proceeds of liquidation shall be distributed to and among the Partners in accordance with the terms of the Partnership Agreement, which is kept at the principal office of the Partnership.

### 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

#### BUSINESS ADDRESS

1. Signature *David Glickstein*

Number/Street 203 North LaSalle

Type or print name and title David Glickstein,

City/town Chicago

Assistant Secretary

Name of General Partner if a corporation or

other entity Golub Real Estate Corp.

State IL ZIP Code 60601

2. Signature \_\_\_\_\_

Number/Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/Town \_\_\_\_\_

Name of General Partner if a corporation or

other entity \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. Signature \_\_\_\_\_

Number/Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/Town \_\_\_\_\_

Name of General Partner if a corporation or

other entity \_\_\_\_\_

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!**

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