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7/07/0094 30 001 Page 1 of 2
2000-11-07 14:27:17
Cook County Recorder 23.50

Form LP 203
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



LPR310/13/00:01:1015: 75.00
SOSIL C007773 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: 525 Monroe Venture Limited Partnership
- File number assigned by the Secretary of State: C007773
- Federal Employer Identification Number (F.E.I.N.): 13-3140445
- The reason for filing this certificate of cancellation: Company has ceased doing business.
- 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 Tishman Speyer Properties
520 MADISON Avenue
New York, N.Y. 10022 , New York County

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

LPR310/13/00:01:1015:

75.00 CK02

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

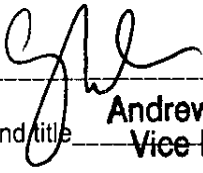
0087773 FILED

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SIGNATURE AND NAME

1. Signature _____



Type or print name and title _____

Andrew J. Nathan
Vice President

Name of General Partner if a corporation or other entity _____

525 West Monroe Realty Corp.

2. Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

3. Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

4. Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

5. Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

6. Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity _____

(Signatures must be in **BLACK INK** on an original document be used on conformed copies.)

Carbon copy, photocopy or rubber stamp signatures may only

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>

Return To: Premier Corporate Services
208 So. LaSalle St., Ste 1855
Chicago, IL 60604