

UNOFFICIAL COPY 00884210

Form LP-203  
(Rev. Jan. 1999)

7274/0004 16 001 Page 1 of 2  
2000-11-09 10:01:20  
Cook County Recorder 23.00

Filing Fee \$25

SUBMIT IN DUPLICATE!



25.00 CK01  
CER411/02/00:01:1463:  
S051L C005090 FILED 203

PROPERTY OF COOK COUNTY CLERK'S OFFICE

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: Woodlands Associates
- File number assigned by the Secretary of State: C005090
- Federal Employer Identification Number (F.E.I.N.): 36-3120323
- 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: 1201 N. Clark Street, Suite 300, Chicago, IL 60610  
(Cook County)

Return to Box 416  
(R. Cordes)

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.

25 JAN 2002 02:00:01:146  
SERIAL 005090 FILED

**SIGNATURE AND NAME**

1. Signature *Thomas B. Rosenberg*  
Type or print name and title \_\_\_\_\_

Thomas B. Rosenberg, President  
Name of General Partner if a corporation or other entity

Capital Associates Development Corp., a General Partner

2. Signature *Thomas B. Rosenberg*  
Type or print name and title Thomas B. Rosenberg,

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

3. Signature *Susan R. Campbell*  
Type or print name and title \_\_\_\_\_

**Susan R. Campbell**  
**Executive Vice President**

Name of General Partner if a corporation or other entity

C.R.H.C., Incorporated, a General Partner

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. 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  
<http://www.sos.state.il.us>