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Form LP 203
(Rev. Jan. 1999)

2279/0007 16 001 Page 1 of 2
2000-11-09 10:03:43
Cook County Recorder 23.00

Filing Fee \$25

SUBMIT IN DUPLICATE!



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25.00 CK01
CBR411/02/00:01:1459:
SOSIL C005086 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)

1. Limited partnership's name: Van Buren Park Associates
2. File number assigned by the Secretary of State: C005086
3. Federal Employer Identification Number (F.E.I.N.): 36-3230975
4. The reason for filing this certificate of cancellation: Termination of partnership
5. 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)
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: 1201 N. Clark Street, Suite 300, Chicago, IL 60610
(Cook County)

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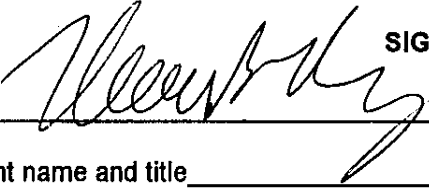
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The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

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

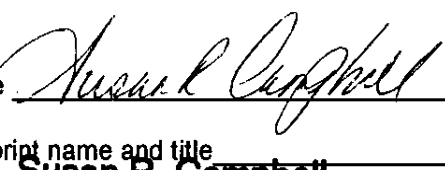
CR41102/00:01:14:00
ESIL005086 FILED

SIGNATURE AND NAME

1. Signature 
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 
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

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. 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>

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