

Filing Fee \$25

SUBMIT IN DUPLICATE!

00010460

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2000-01-05 12:21:55

Cook County Recorder

23.50



00010460

SEC OF STATE--L.P.
 DATE DEC 30 1999
 FILE NO. 0003351
 FILING FEE 23.50

2020459-8
 Return To:
 Lexis Document Services
 135 South LaSalle Street
 Suite 2260
 Chicago, IL 60603

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)

SBK.

- Limited partnership's name: Golf - Skokil Leaders Limited Partnership
- File number assigned by the Secretary of State: 0005351
- Federal Employer Identification Number (F.E.I.N.): 36-3640159
- The reason for filing this certificate of cancellation: dissolved and 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:
December 31, 1999
 (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: Two North Riverside Plaza, Suite 600
Chicago, Illinois 60606
Cook County

UNOFFICIAL COPY

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.

00010460

SIGNATURE AND NAME

1. Signature Anne Rafelson

Type or print name and title Anne Rafelson
Secretary

Name of General Partner if a corporation or other entity
Samuel Zell Robert Lurie General Partners, Inc.

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>

SEC OF STATE-1999
DATE DEC 30 1999
FILE NO. 0005387
FILING FEE 25.00