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Form LP 201
(Rev. Jan. 1995)

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2000-01-11 16:40:40
Cook County Recorder 23.50

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C010590

Assigned by
Secretary of State



00028274

C010590 SOSIL 10/26/99
75.00 ID 0000031482 FILED

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.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

1. Limited partnership's name: Premium Plus Partners, L.P.

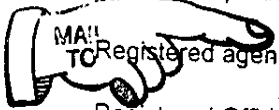
2. The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 400 East Ohio, Suite 2101, Chicago, IL 60611

COOK COUNTY *McA...*

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>Bernard</u>	<u>Francis</u>	<u>Doyle, Jr.</u>
	First name	Middle name	Last name
Registered Office (P.O. Box alone and c/o are unacceptable)	<u>10</u>	<u>South LaSalle Street</u>	<u>3450</u>
	Number	Street	Suite #
	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60603</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: Speculative trading in commodity futures and options on commodity futures.

IRS Business Code Number is: 6749

7. Dissolution date is: Perpetual or December 31, 2020
(month, day, year)

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

\$ 1,000,000.00

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

Partnership termination requires unanimous vote of limited partners or reduction of partnership unit below \$ 250.00 or reduction of partnership's net asset value below \$ 50,000.00.

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

Signature

[Handwritten Signature]

Number/Street 400 East Ohio, Suite 2101

Type or print name and title

City/town Chicago

L & G Capital Management, Inc.

Name of General Partner if a corporation or other entity

State Illinois Zip Code 60611

Signature

[Handwritten Signature]

Number/Street

Type or print name and title Lawrence A. Goldfarb
President

City/town

Name of General Partner if a corporation or other entity

State Zip Code

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."

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

DO NOT SEND CASH!