

Filing Fee \$25

00058637

9/35/00 6 21 001 Page 1 of 2  
2000-01-24 16:41:02  
Cook County Recorder 23.50

SUBMIT IN DUPLICATE!



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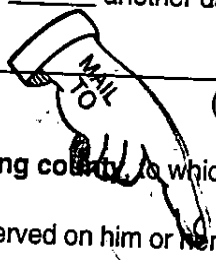
(LPR301/20/00:01:0203:  
SOSIL C005211 FILED 203  
25.00 CK01

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)

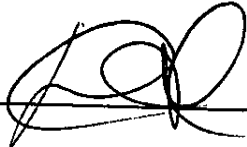
- Limited partnership's name: 711 North Hoyne Limited Partnership
- File number assigned by the Secretary of State: C005211
- Federal Employer Identification Number (F.E.I.N.): 363679053
- The reason for filing this certificate of cancellation: Disposed of all assets.
- This certificate of cancellation 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 Masuda, Funai, Eifert & Mitchell  
 Attn: Brad Kaplan One East Wacker Drive, Ste. 3200  
 \_\_\_\_\_  
 Chicago, IL 60601  
 \_\_\_\_\_  
 Cook County, Illinois



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.

**SIGNATURE AND NAME**

1. Signature   
 Type or print name and title David J. Dubin  
President  
 Name of General Partner if a corporation or other entity  
Dubin & Associates, 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>