

UNOFFICIAL COPY

Form LP 108
(Rev. Jan. 1999)

00069907



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2000-01-27 10:10:09
Cook County Recorder 23.50

Filing Fee
See note on back side.

SUBMIT IN DUPLICATE!

LPR301/12/00:01:9951:
505IL 5015908 FILED 108

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

APPLICATION TO ADOPT,
CHANGE, OR CANCEL AN ASSUMED NAME
(Illinois or foreign limited partnership)

1. Limited partnership's name: Grande Family Partnership, L.P.
2. File number assigned by the Secretary of State: 5015908
3. Federal Employer Identification Number (F.E.I.N.): 36-4324034
4. Admitting name, if any, under which the limited partnership has elected to transact business (foreign only):

5. State or other jurisdiction under the laws of which the limited partnership is formed in. (Check one)
 Illinois (domestic) Foreign (specify): _____
6. TO ADOPT: The above-named limited partnership intends to adopt and to transact business under the assumed name Grove Management, L.P.
7. (a) TO CHANGE: The above-named limited partnership intends to cease transacting business under the assumed name _____
(b) and to commence transacting business under the new assumed name of: _____

Handwritten signature and initials

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8. TO CANCEL: The above-named limited partnership intends to cease transacting business under the assumed name

NOTE: The filing fee to adopt or to change an assumed name is \$20.00 plus \$2.50 for each month or part thereof between the date of filing this application and the date upon which the limited partnership may renew its use.

Filing fee to cancel an assumed name \$5.

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

One general partner must sign the application to adopt, change or cancel an assumed name.

Signature

Louis T. Grande

Type or print name and title

Louis T. Grande, General Partner

Name of General Partner if a corporation or other entity

(Signature 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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