Form LP WOOFFICIAL COPY

(Rev. Jan. 1995)

FILING DEADLINE IS PRIOR TO 01/01/00

\$15 Filing Fee

Submit Typed **Duplicate** 

FORMS OF PAYMENTS Payments must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money c. der, Payable to "Secretary of State" DO NOT SEND CASH! 00086132

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Cook County Recorder

SECRETARY OF STATE - STATE OF ILLINOIS IMITED PARTNERSHIP BIENNIAL RENEWAL REPORT

DO NOT MAKE CLAYOSS ON THIS FORM, IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINO'S) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

Registered Agent name and Registered Agert's office address.

JOEL M. CARLINS 875 N. DEARBORN STREET CHICAGO, IL 60610

Limited Partnership Name: LFC PARTNERS LIMITED PARTNERSHIP

Secretary of State's Assigned File Number: C009910

Federal Employer Identification Number: 363491107 ILLINOIS State of Jurisdiction:

If Foreign attatch a current Certifican of Good Standing

I affirm this limited partnership still exists in Illinois.

Address of office where records required by Section 104 (Illinois) or Section 902 (Foreign) are kept:

875 N. DEARBORN STREET

COOK

CHICAGO, IL 60610 The undersigned affirms, under penalty of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.

(Signature)

Kel M. Carlins, General Partner

(Type or Print Name and Title)

**RETURN TO:** Secretary of State Department of Business Services Limited Partnership Division Room 357 Howlett Building

Springfield, Illinois 62756

Telephone: (217) 785-8960

(Name of General Partner if a corporation or other enity) (Signature must be in black ink on an original document. Carbon copy, photo copy or rubber stamp signature may only be used on conformed copies). 000627