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2001-02-13 10:35:42

Cook County Recorder

23.50

Filing Fee See note on back side.

Form LP 108

(Rev. Jan. 1999)

SUBMIT IN DUPLICATE!



All correspondence regarding this filing will be sent to the legistered agent of the limited partnership unless a selfaddressed envelope vinh 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 Far nership, 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 is: (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	
7.	7. (a) TO CHANGE: The above-named limited partnership intends to cease transacting business under the assumed name Grove Management, L.P.	
	(b) and to commence transacting business under the new assumed name of: _Grove Management	
Attor Att P.O Kan	Husch + Effenberger, LLC N: T. Strutton Box 26006 Eas City, Mo. 64/96-6006	



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8. TO CA	NCEL: 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 under	signed affirms under penalties of perjury, that the facts stated herein are true.
One gener	ral partner must sign the application to adopt, change or cancel an assumed name.
	Sous & Thord
Type or pr	int name and titleiouis T. Grande
Name of C	General Partner if a corporation or other suffice.
	College only be
(Signature used on c	e must be in <u>BLACK INK</u> on an original document. Carbon copy, photocopy or rubber stamp signatures may only be conformed copies.)
FORMS (OF PAYMENT:
Payment payable to	must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, o "Secretary of State." DO NOT SEND CASH! TO: of State ent of Business Services
RETURN	TO:
Secretary	of State ent of Business Services
	artnership Division
Room 35	7, Howlett Building
	ent of Business Services artnership Division 7, Howlett Building d, Illinois 62756 e: (217) 785-8960
	e: (217) 785-8960 w.sos.state.il.us

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