

# UNOFFICIAL COPY

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2001-05-01 12:02:49  
Cook County Recorder 23.50



LPR301/16/01:01:5382: 15.00 CK01  
SOSIL 0010208 FILED 1108

Form LP 1108  
(Rev. Jan. 1999)

Filing Fee \$15

SUBMIT IN DUPLICATE!

File #

Assigned by  
Secretary of State

FILING DEADLINE IS  
PRIOR TO

\_\_\_\_\_  
month, day, year

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with prepaid postage is included.

JESSE WHITE  
SECRETARY OF STATE  
STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT  
(Illinois or foreign limited partnership)  
(Please type or print clearly)

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

- Limited partnership's name: Kleiman Investment Partners, L.P.
- Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are unacceptable): c/o Daniel Kleiman, 1201 Pratt Blvd.  
Elk Grove Village, IL 60007
- File number assigned by the Secretary of State: CO10208
- Federal Employer Identification Number (F.E.I.N.): 36-4255838
- Assumed name, if any: \_\_\_\_\_
- Admitting name, if any (foreign only): \_\_\_\_\_
- Registered agent:  
First name Daniel Middle name J. Last name Kleiman  
Registered Office: (P.O. Box alone and c/o are unacceptable)  
Number 4025 Street Mitchell Suite# \_\_\_\_\_  
City Arlington Hts County Cook State IL ZIP Code 60007
- State of jurisdiction: Illinois. If other than Illinois, attach a Certificate of Good Standing or Existence not more than 30 days old. Also give formation date 11/1/98 in that state.

SJ  
P-2  
M-y

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I affirm that any entity serving as a general partner for this limited partnership is in good standing in its home state.

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

Renewal report must be signed by a general partner.

Signature *Daniel Kleiman*

Type or print name and title Daniel Kleiman, General Partner

Name of General Partner of 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.)

**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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