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Cook County Recorder 23.00

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Form LP 201
(Rev. Jan. 1999)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S017844



Assigned by
Secretary of State

Return to: Department of
Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, IL 62756
Telephone: (217) 785-8960
<http://www.sos.state.il.us>

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

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.

CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)
(Please type or print clearly)

- Limited partnership's name: Fisher Farms Fourth Limited Partnership
 - The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 5999 New Wilke Road, Suite 504
Rolling Meadows, IL 60008 Cook County
 - Federal Employer Identification Number (F.E.I.N.): applied for
 - This certificate of limited partnership 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 limited partnership's registered agent's name and registered office address is:
Registered agent: Jacqueline D. Butler
First name Middle name Last name
Registered Office: 5999 New Wilke Road 504
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
Rolling Meadows Cook Illinois 60008
City County ZIP Code
 - The limited partnership's purpose(s) is: Invest in, acquire, hold, maintain, operate, improve,
develop, sell, exchange, lease and otherwise use certain real property in the
City of Geneva, Illinois.
- IRS Business Code Number is: 1510

7. Dissolution date is: Perpetual or _____
(month, day, year)

CID 27

Box 266

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$50,010.00

9. A brief statement of the partners' membership termination and distribution rights:
Without cause or the occurrence of certain events as described in the Partnership Agreement, neither party may unilaterally terminate its membership in the limited partnership.

NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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

All general partners are required to sign the certificate of limited partnership.

SIGNATURE AND NAME	BUSINESS ADDRESS
1. Signature <u>[Signature]</u>	Number/Street <u>5999 New Wilke Road, Suite 504</u>
Type or print name and title <u>James A. Moehling</u>	City/town <u>Rolling Meadows</u>
<u>Assistant Secretary</u>	
Name of General Partner if a corporation or other entity <u>Kimball Hill Development Company</u>	State <u>Illinois</u> ZIP Code <u>60008</u>
2. Signature _____	Number/Street _____
Type or print name and title _____	City/town _____
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code _____
3. Signature _____	Number/Street _____
Type or print name and title _____	City/town _____
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code _____

(Signatures 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!