0010583443

Form LP 113/c)
(Rev. Jan. 1999)

Filing Fee $5

SUBMIT IN DUPLICATE!

7/0201 30 001 Page 1 of 2
2001-07-02 15:59:10
Cook County Recorder   23.50

0010583443

LPR306/11/01:01:1693:
SOSIL S002783 FILED 103
5.00 CKD1

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

RESIGNATION OF REGISTERED AGENT
(Illinois or foreign limited partnership)

1. Limited partnership's name: _Levy Tower Limited Partnership_

2. The address, **including county**, of the principal office of the limited partnership, as such is known to the registered agent
    is: (Post Office Box alone and c/o are unacceptable) _980 N. Michigan Ave, Ste 400_
    (Cook) Chicago, IL 60611

3. File number assigned by the Secretary of State: _S002783_

4. Federal Employer Identification Number (F.E.I.N.): _3633286676_

5. The limited partnership's registered agent's name and registered office address is:

    Registered Agent: _Joseph_ _G_ _Lansing_
                      First name   Middle name   Last name

    Registered Office: _980_ _N. Michigan Avenue_ _400_
                       Number   Street   Suite #
    (P.O. Box alone and
    c/o are unacceptable) _Chicago_ _Cook_ Illinois _60611_
                          City   County   ZIP Code

6. The registered agent resigns, effective on: _6|1|01_ , **which is not less than 30 days after the date**
    of filing this form.   (month, day, year)

7. A copy of this notice has been sent to the principal office of the limited partnership at least 10 days prior to the date of its
    filing with the Secretary of State.

    [X] YES   date sent: _5|18|01_   [ ] NO
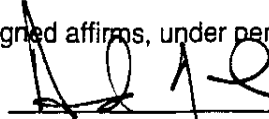
LP-15

Form LP 103 (c)
(Rev. Jan. 1999)

0010583443

LPR306/11/01:01:1693:
SOSIL S002783 FILED   103   5.00 CkO1

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

Signature _____

Type or print name and title _Andrew J. Lansing President of its General Partner_

Name of General Partner if a corporation or other entity _Levy GP Corporation_

(Signature must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

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

CLP-1.5