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2001-06-13 13:52:36

Cook County Recorder

23.50

Form LP 201  
(Rev. Jan. 1999)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S017408

Assigned by  
Secretary of State

COOK COUNTY  
RECORDER

EUGENE "GENE" MOORE  
ROLLING MEADOWS

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

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

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.

1. Limited partnership's name: THE MICHAEL BURGMIEIER FAMILY LIMITED PARTNERSHIP
2. 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) 3 W. COLLEGE DRIVE, ARLINGTON HEIGHTS, ILLINOIS 60004

COOK COUNTY

3. Federal Employer Identification Number (F.E.I.N.): NOT YET APPLIED FOR
4. 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)

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

Registered agent: MICHAEL BURGMIEIER  
First name Middle name Last name  
Registered Office: 3 W. COLLEGE DRIVE  
(P.O. Box alone and c/o are unacceptable) ARLINGTON HEIGHTS COOK ILLINOIS 60004  
Number Street City County ZIP Code

6. The limited partnership's purpose(s) is: TO ENGAGE IN ANY LAWFUL BUSINESS, INCLUDING BUT  
NOT LIMITED TO: ORGANIZING, PROMOTING AND OPERATING OTHER LAWFUL ENTITIES;  
BUYING, SELLING, LEASING OR OTHERWISE DEALING IN REAL AND PERSONAL PROPERTY.

IRS Business Code Number is: 531100

7. Dissolution date is: ☐ Perpetual or DECEMBER 31, 2031  
(month, day, year)



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8. The total aggregate dollar amount of cash, property and services contributed by all partners is  
APPROX. \$5,000,000.00 IN REAL ESTATE AND PERSONALTY.
9. A brief statement of the partners' membership termination and distribution rights:  
NO PARTNER SHALL HAVE THE RIGHT TO TERMINATE THE PARTNERSHIP, UNLESS PARTNERS  
POSSESSING 90% OF THE LIMITED PARTNERSHIP INTEREST CONSENT IN WRITING.
- DISTRIBUTIONS MUST BE APPROVED BY WRITTEN CONSENT OF THE GENERAL PARTNERS  
HOLDING AT LEAST 90% OF THE GENERAL PARTNERSHIP INTEREST.

**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**

1. Signature Michael Burmeier  
Type or print name and title MICHAEL BURMEIER

**BUSINESS ADDRESS**

Number/Street 3 W. COLLEGE DRIVE  
City/town ARLINGTON HEIGHTS

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

State ILLINOIS ZIP Code 60004

2. Signature \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Number/Street \_\_\_\_\_  
City/town \_\_\_\_\_

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. Signature \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Number/Street \_\_\_\_\_  
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!**