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SUBMIT IN DUPLICATE!

00106586

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2000-02-14 10:19:27
Cook County Recorder 23.50



COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
SKOKIE OFFICE

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.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

- Limited partnership's name: Ouilmette Limited Partnership XI
- File number assigned by the Secretary of State: C009962
- Federal Employer Identification Number (F.E.I.N.): 36-4211389
- The reason for filing this certificate of cancellation: The limited partnership has been dissolved by written consent of all the partners.
- This certificate of cancellation 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:
Friday, December 31, 1999
 (month, day, year)
- The post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: Michael D. Poulos
1724 Sherman Avenue
Evanston, Cook County, Illinois 60201

Mail to

Michael D. Poulos, P.C.
1724 Sherman Avenue
Evanston, Illinois 60201

LPR311/24/99:01:7811: 25.00 MU
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Form LP 203
(Rev. Jan. 1995)

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

The original certificate of cancellation must be signed by **all general partners**.

SIGNATURE AND NAME

Signature Margaret H. Smith

Type or print name and title Margaret H. Smith

Secretary _____

Name of General Partner if a corporation or

other entity Lake Michigan Charter, Ltd.

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or

other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or

other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or

other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or

other entity _____

(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!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960