

UNOFFICIAL COPY

0010883969

Form LP 203
(Rev. Jan. 1999)

6559/0047 80 002 Page 1 of 2
2001-09-21 12:49:50
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
BRIDGEVIEW OFFICE



25.00 CKD1
LPR303/09/21:01:0050:
S051L S002524 FILED 203

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.

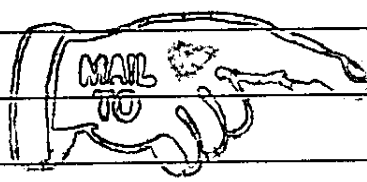
CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

- Limited partnership's name: GEORGIAN COURT II LIMITED PARTNERSHIP
- File number assigned by the Secretary of State: S002524
- Federal Employer Identification Number (F.E.I.N.): 36-6574448
- The reason for filing this certificate of cancellation: The assets of the limited partnership have been sold and the partnership dissolved.
- 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:

(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: GEORGIAN COURT II LIMITED PARTNERSHIP
c/o Edward J. Karas
901 Linden Court (Cook County)
Western Springs, IL 60558



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

1. Signature *Edward J. Karas*

Type or print name and title Edward J. Karas
General Partner

Name of General Partner if a corporation or other entity

2. Signature *Nancy M. Karas*

Type or print name and title Nancy M. Karas
General Partner

Name of General Partner if a corporation or other entity

3. Signature *James P. Karas*

Type or print name and title James P. Karas
General Partner

Name of General Partner if a corporation or other entity

4. Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity

5. Signature _____

Type or print name and title _____

Name of General Partner if a corporation or other entity

6. 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 be used on conformed copies.)

Carbon copy, photocopy or rubber stamp signatures may only

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
<http://www.sos.state.il.us>

PROPERTY OF COOK COUNTY CLERK'S OFFICE