UNOFFICIAL C 0011118300 2001-11-28 15:18:32 Form LP 201 Cook County Recorder (Rev. Jan. 1999) Filing Fee \$75 SUBMIT IN DUPLICATE! File# S018317 Assigned by Secretary of State Return to: Department of **Business Services** Limited Partnership Division Room 357, Howlett Building Soringfield, IL 62756 Celarhone: (217) 785-8960

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

partnership unless a self-

All correspondence regarding this filing will be sent to the

registered agent of the limited

addressed envelope v ith r repaid postage is included.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

23,50

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

1.	Limited partnership's na	me: Our Gang	Partners, L.P.	<u>/:</u>		
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) 343 Landis Lane					
		Deerf	ield, Illinois 60015		<u></u>	
	Federal Employer Identification Number (F.E.I.N.): Applied For					
•	This certificate of limited partnership is effective on: (Check one) a) X 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: _	Robert First name	Alan Middle name		Romanoff Last name	
	Registered Office:	120 Number	North LaSalle Street Street		3800 Suite #	
	(P.O. Box alone and c/o are unacceptable)	Chicago City	Cook County		60602 ZIP Code	
6.	The limited partnership's purpose(s) is: To acquire, own (directly or indirectly), operate.					
	improve.develop.	alter, mainta	in, sell or otherwise exp	loit the Partner	ship Proper	
	IRS Business Code Nu	mber is:	531390	<u> </u>		
	Dissolution date is:		December 31, 2030 (month,	day, year)	_	
ا ٦	Lawin &	ber Schreder, Ltd a Salle St. 4 . IL 6069	1800			



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Form LP 201 (Rev. Jan. 1999)

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

The partnership shall terminate on the first to occur of (a) the expiration of the term of the partnership; (b) the death, disability, dissolution or bankruptcy of the las remaining General Partner; (c) an event which makes it unlawful to continue the Partnersi or (d) the unanimous vote of all of the Partners. Upon termination, the Partnership assivil he distributed first to creditors, second to a reserve account for the person charges with winding up the Partnership affairs, and third, to the Partners in accordance with the respective percentages of profits and losses.

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

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

9. A brief statement of the partners' membership termination and distribution rights:

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

1. Signature AND NAMED	BUSINESS ADDRESS Number/Street 343 Landis Lane
Type or print name and title Richard W. Johnstone,	City/town Deerfield
President Name of General Partner if a corporation or other entity 0.G.I. Development, Inc.	State <u>T11inois</u> ZIP Code 60015
2. Signature —	Number, street
Type or print name and title	City/town
Name of General Partner if a corporation or other entity	StateZIP Code
3. Signature	Number/Street
Type or print name and title	City/town
Name of General Partner if a corporation or other entity	State Z!P Code

(Signatures must be in <u>BLACK INK</u> 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!