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Cook County Recorder 23.50



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Form LP 201
(Rev. Jan. 1999)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C011028

Assigned by
Secretary of State

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.

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

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

- Limited partnership's name: Hyde Park Redevelopment Associates Limited Partnership
- 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) 800 South Milwaukee Avenue, Suite 170, Libertyville, Illinois 60048 -- Lake County
- Federal Employer Identification Number (F.E.I.N.): 36-4461784
- 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)
- The limited partnership's registered agent's name and registered office address is:

Registered agent:	<u>Henry</u>	<u>C.</u>	<u>Mrasnow</u>
	First name	Middle name	Last name
Registered Office:	<u>500 North Dearborn Street, 2nd Floor</u>		
(P.O. Box alone and c/o are unacceptable)	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60610</u>
	Number	Street	Suite #
	City	County	ZIP Code
- The limited partnership's purpose(s) is: To buy, sell, own, lease, improve, mortgage, manage and/or pledge the real estate located at 5330 Harper Street, Chicago, Illinois, and to engage in any and all activities related and incidental thereto.
- IRS Business Code Number is: 531390
- Dissolution date is: Perpetual or November 1, 2031
(month, day, year)

125.00 CK01
CBR411/21/01:01:3346:
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8. Total aggregate dollar amount of cash, property and services contributed by all partners is
\$1,000.00

9. Brief statement of the partners' membership termination and distribution rights:
partnership shall be terminated by: (1) bankruptcy or incapacity of all the
general partners, (2) cessation of business and sale of the assets of the partnership
(3) end of the term of the partnership, or (4) agreement of all partners. Upon
termination, partnership assets shall be distributed as follows: (1) payment of all
debts and liabilities of the partnership, (2) distribution to the partners pro rata
of their capital accounts, (3) excess funds to be distributed to the partners in
accordance with their partnership percentage interests.
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		BUSINESS ADDRESS	
1. Signature <u>Dennis R. Egid</u>	Number/Street <u>800 South Milwaukee Avenue, #170</u>	City/town <u>Libertyville</u>	
Type or print name and title <u>Dennis R. Egid</u>			
<u>President</u>			
Name of General Partner if a corporation or other entity <u>DRE, Inc.,</u>	State <u>Illinois</u>	ZIP Code <u>60048</u>	
2. Signature _____	Number/Street _____	City/town _____	
Type or print name and title _____			
Name of General Partner if a corporation or other entity _____	State _____	ZIP Code _____	
3. Signature _____	Number/Street _____	City/town _____	
Type or print name and title _____			
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!