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11/3/01 90 001 Page 1 of 2
2002-01-10 13:47:06
Cook County Recorder 23.50

Form LP 203
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



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LPR312/27/01:01:9848:
SOSIL C007819 FILED 203
75.00 CHOI

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

- Limited partnership's name: Trustar Investments, L.P.
- File number assigned by the Secretary of State: C007819
- Federal Employer Identification Number (F.E.I.N.): 36-3940784
- The reason for filing this certificate of cancellation: Voluntary cancellation
- 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: 600 Central Ave., Suite 280, Highland Park, IL 60035, Cook County

Return to: Michael Whitehead
Goldberg Kohn et al
35 E. Monroe
374 floor
Chicago 60603

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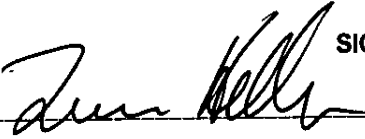
Form LP 203
(Rev. Jan. 1999)

LPR312/27/01:01:9848: 75.00 CK01
SOSIL 0007819 FILED 203

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 
 Type or print name and title _____
 Leon Heller, President
 Name of General Partner if a corporation or other entity
 Trustar Investments, Inc., General Partner

2. Signature _____
 Type or print name and title _____
 Name of General Partner if a corporation or other entity _____

3. Signature _____
 Type or print name and title _____
 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>