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2002-01-16 12:33:56  
Cook County Recorder 23.00



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CER401/14/02:01:360R:  
SOS IL C011065 FILED 201

Form LP 201  
(Rev. Jan. 1999)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C011065

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.  
SECRETARY OF STATE

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

STATE OF ILLINOIS

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

- Limited partnership's name: MADDEN WELLS PHASE 1A 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) 330 South Wells, Suite 400  
Chicago, Illinois 60606 Cook County
- Federal Employer Identification Number (F.E.I.N.): Applied For
- 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: Robert H. Goldman  
First name Middle name Last name  
Registered Office: 203 North LaSalle Street  
Number Street Suite #  
(P.O. Box alone and c/o are unacceptable) Chicago Cook Illinois 60601  
City County ZIP Code
- The limited partnership's purpose(s) is: real estate development

IRS Business Code Number is: 531390

7. Dissolution date is:  Perpetual or \_\_\_\_\_  
(month, day, year)

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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  
\$1,000

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

The Partners have no voluntary termination rights. Upon termination of the Partnership, the proceeds of liquidation shall be distributed to and among the Partners in accordance with the terms of the Partnership Agreement, which is kept at the principal office of the Partnership.

### 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 *Joseph A. Williams*  
Type or print name and title Joseph A. Williams, President

Number/Street 330 South Wells, Suite 400  
City/town Chicago

Name of General Partner if a corporation or  
other entity Madden Wells Phase 1A Associates LLC  
By: Granite Development (Master)  
Corporation

State Illinois ZIP Code 60606

2. Signature \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Number/Street \_\_\_\_\_  
City/Town \_\_\_\_\_

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. Signature \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Number/Street \_\_\_\_\_  
City/Town \_\_\_\_\_

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!**