CBR401/14/02:01:360B: 75.0D SOSIL C011065 FILED 201

UNOFFICIAL CORSON Page 1 of

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.sps.state.il.us.
SECRETAR'(F STATE
All correspondence regarding
this filing will be sent to the
registered agent of the limited
partnership unless a selfaddressed envelope with prepaid postage is included.

Cook County Recorder 23.00

2002-01-16 12:33:56

0020065143

JESSE WHITE

STATE OF ILLINOIS

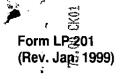
CERTIFICATE OF LIMITED PARTNERSHIP

(Illinois limited partnership) (Please type or print clearly)

١.	Limited partnership's na	Limited partnership's name: MADDEN WELLS PLASE 1A ASSOCIATES LIMITED PARTNERSHIP			
2.	The address, including alone and c/o are unacc	county, of the office at which the eptable) 330 South Wells, Suit	records required be 400	y Section 104 are t	to be kept is: (P.O. Box
		Chicago, Illinois 606	06	Cook County	
3.	Federal Employer Identification Number (F.E.I.N.): Applied For				
4.	This certificate of limited partnership is effective on: (Check one) a) X the filing date, or b) another date later than but not more nan 60 days subsequent to the filing date:				
5.	to the filing date: (month, day, year) The limited partnership's registered agent's name and registered office address is:				
	Registered agent:	Robert	Н.		Goldman
	Registered Office:	First name 203 North LaSalle Street	Middle nam	е	Last name 1800
	(P.O. Box alone and	Number	Street		Suite #
	c/o are unacceptable)	Chicago City	<u>Cook</u> County	Illinois	60601 ZIP Code
6.	The limited partnership's purpose(s) is: real estate development				
	IRS Business Code Num	ber is: 531390			
7.	Dissolution date is:	X Perpetual or			
			(month, day	, year)	

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Property of Cook County Clerk's Office



UNOFFICIAL COPY 0065143

t. The total aggregate dollar amount of cash, property and services contributed by all partners is \$1,000					
A brill statement of the partners' membership termination and distribution rights: The Bartners have no voluntary termination rights. Upon termination of the Partnership, the proceeds of					
	rtners in accordance with the terms of the Partnership				
NAME(S) BUSINESS ADDRESS(ES) OF GENERAL PART	NER(S)				
The undersigned affirms, under penalties of perjury, that the fa	cts stated herein are true.				
All general partners are equired to sign the certificate of limite	ed partnership.				
SIGNATURE AND NAME	BUSINESS ADDRESS				
1. Signature Joy/ Ulllus	Number/Street 330 South Wells, Suite 400				
Type or print name and title <u>Joseph A. Williams, President</u>	City/townChicago				
Name of General Partner if a corporation or	State Illinois ZIP Code 60606				
other entity Madden Wells Phase 1A Associates (LC) By: Granite Development (Master) Corporation 2. Signature	Number/Street				
Type or print name and title	City/Town				
Name of General Partner if a corporation or	7/0.0.4				
other entity	State ZIP Code				
3. Signature	Number/Street				
Type or print name and title	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. only be used on conformed copies.)	Carbon copy, photocopy or rubber stamp signatures may				
FORMS OF PAYMENT: Payment must be made by certified check cashier's					

DO NOT SEND CASH!

check, Illinois attorney's check, Illinois C.P.A.'s check or

money order, payable to "Secretary of State."