8.8 LPR305/03/02:01:5435: SOSIL C001073 FILED

起

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(Rev. Jan. 1999)

Filing Fee \$15

RECORDER

EUGENE "GENE" MOORE

SKOKIE OFFICE SUBMIT IN DUPLICATE!

2002-05-15 11:37:54

Cook County Recorder

File #

Assigned by Secretary of State

FILING DEADLINE IS **PRIOR TO**

01/01/02

month, day, year

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.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT (Illinois or foreign limited partnership) (Please type or print clearly)

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE 'S FEQUIRED.

	Manufactured Housing Communities Ltd. 127R
	Limited partnership's name: Manufactured Housing Communities, Ltd. 127R
2.	Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are
	unacceptable:) 6547 North Avondale, #301
	Chicago, IL 60631
	File number assigned by the Secretary of State: C001073
4.	Federal Employer Identification Number (F.E.I.N.): 363553475
5.	Assumed name, if any:
6.	
7.	Registered agent: First name <u>Edwin</u> Middle name <u>M.</u> Registered Office: (P.O. Box alone and c/o are unacceptable) Last name <u>Zeman</u>
	Number 6547 Street North Avondale Suite# 301
	City Chicago County Cook State Illinois ZIP Code 60631
8.	State of jurisdiction: If other than Illinois, attach a Certificate of Good in that state
	Standing or Existence not more than 30 days old. Also give formation date in that state.

Form LP 1108 (Rev. Jan. 1999)

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15.00 MU

I affirm that any entity serving as a general partner for this limited partnership is in good standing in its home state.

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

Renewal report must be signed by a general partner.
Signature
Type or print name and titleEdwineman, General Partner
Name of General Partner if a corporation or other entity
(Signature must be in BLACK INK or an original document. Carbon copy, photocopy or rubber stamp signatures may only lused on conformed copies.)
RETURN TO: Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinols 62756 Telephone: (217) 785-8960 http://www.sos.state.il.us.

RETURN TO: