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2002-07-02 16:11:01
Cook County Recorder 23.50

Form LP 201
(Rev. Nov. 2001)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # **S018947**

Assigned by
Secretary of State

Return to: Department of
Business Services
Limited Partnership Section
Room 357, Howlett Building
Springfield, IL 62756
Telephone: (217) 785-8960
http://www.ilsos.net

All correspondence regarding this
filing will be sent to the registered
agent of the limited partnership
unless a self-addressed envelope
is included.

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

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



LPR306/25/02:01:7574:
SOSIL S018947 FILED 201
75.00 CK01

1. Limited partnership's name: The Glascott 2215 N. Halsted Family Limited Partnership

2. The address of the office at which the records (including county) required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 2156 N. Halsted, Cook County, Chicago, IL 60614

3. Federal Employer Identification Number (F.E.I.N.): _____

4. 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)

5. The limited partnership's registered agent's name and registered office address is:

Registered agent:	<u>Michael</u>	<u>I.</u>	<u>Brown</u>
	First name	Middle name	Last name
Registered Office:	<u>1332 N. Halsted Street</u>		<u>100</u>
(P.O. Box alone is unacceptable)	Number	Street	Suite #
	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60622</u>
	City	County	ZIP Code

6. The limited partnership's purpose(s) is: to own, operate and manage real estate in Chicago, IL and any further related undertaking, and to do things necessary, advisable or expedient in connection with, or incidental to, that business

IRS Business Code Number is: 531310

7. The latest date, if any, upon which the limited partnership is to dissolve: Perpetual
(month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is (optional)

9. If agreed upon, a brief statement of the partners' membership termination and distribution rights: (optional)

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><i>Timothy Glascott</i></u>	Number/Street <u>2156 N. Halsted Street</u>

Type or print name and title <u>Timothy Glascott</u>	City/town <u>Chicago</u>
<u>General Partner</u>	

Name of General Partner if a corporation or other entity _____	State <u>Illinois</u>	ZIP Code <u>60614</u>
(must be in good standing)		

2. Signature _____ Number/Street _____

Type or print name and title _____ City/town _____

Name of General Partner if a corporation or other entity _____	State _____	ZIP Code _____
(must be in good standing)		

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 _____
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(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!