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Form LP 100
(Rev. Jan. 1999)

3/2/01 08 001 Page 1 of 2
2002-08-28 15:35:27
Cook County Recorder 23.50

LP 308/01/02:01:3108: 15.00 MU
5051L 5004139 FILED 1108

Filing Fee \$15

SUBMIT IN DUPLICATE!



0020950565

File # **S004139**

Assigned by
Secretary of State

FILING DEADLINE IS
PRIOR TO

JANUARY 1, 2002
month, day, year

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self addressed 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 IS REQUIRED.

- Limited partnership's name: 801 BRADLEY PARTNERS, LIMITED PARTNERSHIP
- Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are unacceptable):
357 WEST CHICAGO AVENUE
CHICAGO, IL 60610 (COOK COUNTY)
- File number assigned by the Secretary of State: S 004139
- Federal Employer Identification Number (F.E.I.N.): 36-3680944
- Assumed name, if any: _____
- Admitting name, if any (foreign only): _____
- Registered agent:
First name GEORGE Middle name H. Last name THRUSH
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number 357 W. Street CHICAGO AVENUE Suite# 200
City CHICAGO County COOK State IL ZIP Code 60610
- State of jurisdiction: ILLINOIS. If other than Illinois, attach a Certificate of Good Standing or Existence not more than 30 days old. Also give formation date _____ in that state.

Form LP 1108
(Rev. Jan. 1999)

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 title GEORGE H. THRUSH, PRESIDENT OF THE GENERAL PARTNE

Name of General Partner if a corporation or other entity _____

THRUSH AND CO., INC.

(Signature must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

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>

AFTER RECORDING, PLEASE RETURN TO:
MICHAEL T. SAWYIER, ESQ.
111 EAST WACKER DRIVE, #2632
CHICAGO, IL 60601