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Form LP 1108 (Rev. Jan. 1999)

Filing Fee \$15

SUBMIT IN DUPLICATE!

File#

Assigned by Secretary of State

FILING DEADLINE IS PRIOR TO

month, day, year

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

0021030917

1819/0144 11 001 Page 1 of 2 2002-09-19 15:14:30

Cook County Recorder

26.00

0021030917

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 FLE IS REQUIRED.

1.	Limited partnership's name: 3/00 W. Washington Associates				
2.	Address of office where records	s of office where records required by Section 104 (Illinois) or Section 302 (foreign) are kept (P.O. Box alone & c/o are			
	unacceptable:) One East Superior, Suite 604, Chicago, Illinois 6061?				
			. (2)	<u> </u>	
3.	File number assigned by the S	Secretary of State:	19124	10	
4.	Federal Employer Identificatio	n Number (F.E.I.N.): <u>36-3500</u>)467	O_{S_c}	
5.	Assumed name, if any:			·′C	
6.	Admitting name, if any (foreign	only):			
7.	Registered agent: First name \underline{W} . Registered Office: (P.O. Box alone and clo are unacceptable)			Last name <u>Higginson</u>	
	Number One	Street <u>East Superior St</u>	reet	Suite# 604	
	City Chicago	County Cook	State <u>Illinois</u>	ZIP Code 60611	
8.	State of jurisdiction: <u>Illinois</u>		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.	

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Form LP 1108 (Rev. Jan. 1999) 21030917

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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 William W. Higginson, President Name of General Part ier if a corporation or other entity <u>Investment Management</u> Corporation

noriginal Contraction of Columnia Cleratic Office (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.

