

UNOFFICIAL COPY

Form LP 1108
(Rev. Jan. 1999)

0021030918

1817/0145 11 001 Page 1 of 2
2002-09-19 15:15:00
Cook County Recorder 26.00

Filing Fee \$15

SUBMIT IN DUPLICATE!

File #

Assigned by
Secretary of State

FILING DEADLINE IS
PRIOR TO

January 1, 2000
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)



LPR309/16/02:01:08T3:
SOSIL S019124 FILED 1108

40.00 MU

186-3

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: 5700 W. Washington Associates
- Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are unacceptable): One East Superior, Suite 604, Chicago, Illinois 60611
- File number assigned by the Secretary of State: S019124
- Federal Employer Identification Number (F.E.I.N.): 36-3500467
- Assumed name, if any: _____
- Admitting name, if any (foreign only): _____
- Registered agent:
First name William Middle name W. Last name Higginson
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number One Street East Superior Street Suite# 604
City Chicago County Cook State Illinois ZIP Code 60611
- 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.

BOX 170

UNOFFICIAL COPY

Form LP 1108
(Rev. Jan., 1999)*

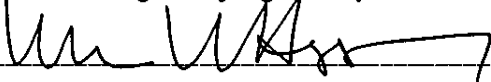
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SOSIL 5019124 FILED 1108

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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 Partner if a corporation or other entity Investment Management Corporation

(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>