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## **UNOFFICIAL COPY**

0021030020

Form LP 1108 (Rev. Jan. 1999)

Filing Fee \$15

SUBMIT IN DUPLICATE!

File#

Assigned by Secretary of State

FILING DEADLINE IS PRIOR TO

Jenuary 1, 1996 roonth, day, year

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

0021030920

1819/0147 11 001 Page 1 of 2 2002-09-19 15:16:02

Cook County Recorder

26.00

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 CHANCES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

1.	. Limited partnership's name: <u>5700 W. Washington Associates</u>			
2.	Address of office where records required by Section 104 (Illinois) or Section, 502 (foreign) are kept (P.O. Box alone & c/o are			
	unacceptable: ) One East Superior, Suite 604, Chicago, Illinois 60611			
			.6)	<b>7</b> 4.
3.	File number assigned by the Se	ecretary of State:S0/	9124	15
	Federal Employer Identification Number (F.E.I.N.): 36-3500467			
5.	Assumed name, if any:			
6.	Admitting name, if any (foreign	only):	··	
7.	Registered agent: First name <u>William</u> Registered Office: (P.O. Box alc			Last name <u>Higginson</u>
	Number <u>One</u>	Street <u>East Superior Str</u>	reet	Suite# <u>604</u>
	City Chicago	County Cook	State <u>Illinois</u>	ZIP Code 60611
8.	State of jurisdiction: Illinois		If other t	than Illinois, attach a Certificate of Good
	Standing or Existence not more	e than 30 days old. Also give	formation date	in that state



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**Form LP 1108** (Rev. Jah. 1999) 21030920

LPR309/16/02:01:0871: 40.00 MU SOSIL S019124 FILED

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 nar. e and title William W. Higginson, President Name of General Pa ther if a corporation or other entity <u>Investment Management Corporation</u>

in origin.

Option County Clarks Office (Signature must be in BLACK INV. 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.