40.00 LPR309/16/02:01:0869: SOSIL S019124 FILED

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Form LP 1108 (Rev. Jan. 1999)

Filing Fee \$15

1819/0149 11 001 Page i of 2002-09-19 15:16:50

Cook County Recorder

26.00

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SUBMIT IN DUPLICATE!

File#

Assigned by Secretary of State

FILING DEADLINE IS PRIOR TO

month, day, year

All correscondence regarding this filing will be sent to the registered agent of the limite J partnership unless a selfaddressed envelope wit'n 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 FE : IS REQUIRED.

1.	Limited partnership's name: 5700 W. Washington Associates
2.	Address of office where records required by Section 104 (Illinois) or Section 202 (foreign) are kept (P.O. Box alone & c/o are
	unacceptable:) One East Superior, Suite 604, Chicago, Illinois 60611
વ	File number assigned by the Secretary of State:
Ο.	7 HO HAMIDO 25-35-35-35-00467
	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 William Middle name W. Last name Higginson
	Registered Office: (P.O. Box alone and clo are unacceptable)
	Number One Street East Superior Street Superior Street Superior Street
	City Chicago County Cook State Illinois ZIP Code 60611
	If other than Illinois, attach a Certificate of Good
8.	State of jurisdiction: in that state.
	Standing or Existence not more triain 30 days old. Also give territorial and a second

BOX 170

UNOFFICIAL COPY

Form LP 1108 (Rev. Jan. 1999) 21030922 LPR309/16/02:01:0869: 40.00 MU SOSIL SO19124 FILED 1108

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 Par(ne) 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.

RETURN TO:

BOX 170