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CK02

125.00

LPR305/20/02:01:5043:
SOSIL 5018848 FILED 201

Form LP 201
(Rev. Jan. 1999)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S018848

Assigned by
Secretary of State

Return to: Department of
Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, IL 62756
Telephone: (217) 785-8960
<http://www.sos.state.il.us>

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

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2002-11-07 10:41:02

Cook County Recorder 26.50



0021231669

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)
(Please type or print clearly)

1. Limited partnership's name: Ray Family Limited Partnership

2. The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 190 Course Drive, Lake-in-the Hills, IL ~~60102~~ 60156 (K2)

3. Federal Employer Identification Number (F.E.I.N.): 36-4491477

4. This certificate of limited partnership is effective on: (Check one)
a) the filing date, or b) another date later than but not more than 60 days subsequent to the filing date: _____ (month, day, year)

5. The limited partnership's registered agent's name and registered office address is:

| | | | |
|---|------------------------|------------------|-------------------|
| Registered agent: | <u>G.</u> | <u>William</u> | <u>Harbard II</u> |
| | First name | Middle name | Last name |
| Registered Office: | <u>222 N. LaSalle,</u> | <u>Suite 300</u> | |
| (P.O. Box alone and c/o are unacceptable) | Number | Street | Suite # |
| | <u>Chicago,</u> | <u>Cook</u> | <u>60601</u> |
| | City | County | ZIP Code |

6. The limited partnership's purpose(s) is: The ownership and operation of real property and any and all other businesses for which limited partnerships may be formed.

IRS Business Code Number is: 531120

7. Dissolution date is: Perpetual or 12/31/2051 (month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is
1.3 Million

9. A brief statement of the partners' membership termination and distribution rights:

The partnership may be terminated by concurrence of all General Partners and Limited Partners whose interests exceed 65% of all Limited Partners. Distributions, after payment of debts, to the partners in accordance with their capital accounts.

NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

All general partners are required to sign the certificate of limited partnership.

1. Signature *Robert E Ray* **SIGNATURE AND NAME** **BUSINESS ADDRESS**
Number/Street 190 Course Drive
Type or print name and title Bob Ray Robert E Ray City/town Lake-In-The-Hills,
General Partner

Name of General Partner if a corporation or
other entity _____ State Illinois ZIP Code 60156 **PRSA**

2. Signature *Annette M Ray* Number/Street 190 Course Drive
Type or print name and title Annette Ray City/town Lake-In-The-Hills
General Partner

Name of General Partner if a corporation or
other entity _____ State Illinois ZIP Code 60156 **PRSA**

3. Signature _____ Number/Street _____
Type or print name and title _____ City/town _____
Name of General Partner if a corporation or
other entity _____ State _____ ZIP Code _____

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

FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

DO NOT SEND CASH!