

UNOFFICIAL COPY 00265462

Form LP 1108
(Rev. Jan. 1999)

COOK COUNTY
RECORDER

Filing Fee \$15

EUGENE "GENE" MOORE
MARKHAM OFFICE



00265462

SUBMIT IN DUPLICATE!

File # C007838

Assigned by
Secretary of State

FILING DEADLINE IS
PRIOR TO

03/01/00

month, day, year

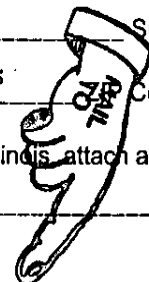
All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with prepaid postage is included.

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT
(Illinois or foreign limited partnership)
(Please type or print clearly)

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: PLAZA WEST PROPERTIES, A LIMITED PARTNERSHIP
- Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are unacceptable): 415 Plaza Drive
Westmont, IL 60559
- File number assigned by the Secretary of State: C007838
- Federal Employer Identification Number (F.E.I.N.): 363939121
- Assumed name, if any:
- Admitting name, if any (foreign only):
- Registered agent:
First name John Middle name A. Last name Hiskes
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number 10759 Street W. 159th Street Suite# 201
City Orland Park County Cook State Illinois Code 60467
- 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.



MAIL TO: Recorder's Box 330

LPR304/05/00:01:33778
SOSIL C007838 FILED 1108
15.00 MU

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732000
LPR304/05/00:01:3377: 15.00 MU
SOSIL:0007838 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 Sue E. Goyer

Type or print name and title Sue E. Goyer, general partner

Name of General Partner if a corporation or other entity _____

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

~~XXXXXXXXXX~~
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>

