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2003-03-05.14:08:54

Cook County Recorder



Form LP 902 (Rev. Jan. 1999)

Filing Fee \$75

SUBMIT IN DUPLICATE!

0030306889

File#

S019522

Assigned by Secretary of State

Return to: Department of **Business Services** Limited Partnership Division Room 357, Howlett Building Springirs a 1L 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.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR ADMISSION TO TRANSACT BUSINESS (foreign limited partnership) (Please type or print clearly)

1.	Limited partnership's name: Cheryl E. Stone Family Limited Partnership
2.	The address, including county, of the office at which records required by Section 104 are to be kept is: (P.O. Box alone & c/o are unacceptable:)
	104 Terrace Avenue, Bolinas, County of Marin, California 94924
3.	Federal Employer Identification Number (F.E.I.N.): 30-0048534
4.	The limited partnership was formed in the jurisdiction of: California
	on: <u>February 13, 2002</u> and validly exists there as a limited partnership on this file date. (attach current certificate of existence from that jurisdiction)
5.	Admitting name, if any, under which the limited partnership will transact business in Illinois:
	N/A
6.	An application to adopt an assumed name, form LP 108, is attached:
7.	The limited partnership's registered agent's name and registered office address is: Registered agent:
	First name <u>CT Corporation System</u> Middle name <u>Last name</u>
	Registered Office: (P.O. Box alone and c/o are unacceptable)
	Number 208 Street South LaSalle Street Suite #
	City Chicago County Cook Illinois ZIP Code 60604
8.	The undersigned agree(s) to keep the records detailed in Number 2 until the limited partnership's registration in this state



is cancelled.

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Form LR 902 LPR303/04/03:01:7841: 125.00 CKO2 SOSIL SO19522 FILED 902 Perpetual or __ 9. Dissolution date: (month, day, year) 10. The Illinois Secretary of State is hereby appointed the agent of the limited partnership for service of process under the circumstances set forth in Section 909(b) of RULPA. NAME(S) & BUSINESS ADDRESS(ES) OF ALL GENERAL PARTNER(S) 1. General Partner's name Cheryl E. Stone, Trustee of the Cheryl E. Stone Living Trust Agreement dated 10/26/2000 Number/Street 104 Terrace Avenue City/Town_Bolinas 30306889 State_CA ZIP Code 94924 2. General Partner's name Number/Street City/Town _ ZIP Code ____ ___ State₁ 3. General Partner's name Number/Street_ City/Town __ State ZI2 Code The undersigned affirms, under penalties of perjury, that the facts stated hereir, are true. The original application to transact business must be signed by at least one general ρεπαθε. Signature Type or print name and title Cheryl E. Stone, Trustee of the Cheryl E. Stone Living Trust Agreement david 10/26/2000

(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."

Name of General Partner if a corporation or other entity ____

Cheryl E. Stone, Trustee of the Cheryl E. Stone Living Trust Agreement dated 10/26/2000

DO NOT SEND CASH!

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STATEMENT OF TRUSTEE

This Statement is issued to certify and authenticate the fact that the CHERYL E. STONE LIVING TRUST AGREEMENT ("Trust"), whose Federal Employer Identification Number is 351-40-8187, and is located at Bolinas, Marin County, California, was formed on October 26, 2000.

That Cheryl E. Stone is the Trustee of said Trust. That said Trust is currently in full force and effect.

IN WITNESS WHEREOF, the undersigned Trustee has executed this the _____day of CPR303/04/03:01:7841: SUSIL S019522 FILED February, 2003.

125.00 CK02

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