

Filing Fee \$75

SUBMIT IN DUPLICATE!

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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GEORGE H. RYAN
Secretary of State
State of Illinois

File #

S 007858

As shown by Secretary of State

CERTIFICATE OF LIMITED PARTNERSHIP

(Illinois limited partnership) 03010726

OFFICE USE ONLY

03010726

1. Limited partnership's name: Parkside Terraces Limited Partnership

2. The address, including county, of the office at which the records required by Section 104 are to be kept is: (Post office box alone and c/o are unacceptable) 5100 West Harrison Chicago Cook County Illinois 60644

3. Federal Employer Identification Number (E.I.N.): applied for

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:	Susan	M.	McCann
First name	Last name		
Registered Office:	5100 West Harrison		
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	Chicago	Cook	Illinois 60644
	City	County	Zip Code

6. The limited partnership's purpose(s) is: to invest directly or indirectly in real property

03010726
\$7408
* - 03 - 010726
COOK COUNTY RECORDER
\$23.50
12/19/93 14:01:00

IRS Industrial Code Number is: 6552

7. Dissolution date is: ☐ Perpetual or December 31, 2033
(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5)
\$1,000

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

The partners have no voluntary termination rights. Upon termination of the Partnership, the proceeds of liquidation shall be distributed to and among the Partners in accordance with the terms of the Partnership Agreement which is kept at the principal office of the Partnership.

23/93

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Property of Cook County Clerk's Office

030101030

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

10.

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.

SIGNATURE AND NAME

1. Lynly Beard
(Signature)
Lynly Beard, Assistant Secretary
(Type or print name and title)
City Lands Corp., a Delaware corporation
(Name of General Partner if a corporation or other entity)
2. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)
3. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)
4. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)
5. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)
6. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

BUSINESS ADDRESS

1. 5100 West Harrison
Number Street
Chicago City/town
Illinois 60644
State Zip Code
2. _____
Number Street

City/town

State Zip Code
3. _____
Number Street

City/town

State Zip Code
4. _____
Number Street

City/town

State Zip Code
5. _____
Number Street

City/town

State Zip Code
6. _____
Number Street

City/town

State Zip Code

(Signatures must be in 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

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330, Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

78103-11, 1/13/80

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Susan M. Cann
5100 W. Harrison
Chicago, IL 60644

Return to:

JAY GILBERT
479 North Main Street
Suite 200
Glen Ellyn, IL 60137