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Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 05/14/2003 03:40 PM Pg: 1 of 2

Form LP 203  
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!

LPR304/28/03:01:0158:  
SOSIL 0010255 FILED 2003  
75.00 DK02

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

CERTIFICATE OF CANCELLATION  
OF THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

- Limited partnership's name: KBT L.P.
- File number assigned by the Secretary of State: C010255
- Federal Employer Identification Number (F.E.I.N.): 36-4264106
- The reason for filing this certificate of cancellation: Liquidation of the Limited Partnership, all obligations of the Limited Partnership having been satisfied, and all assets having been distributed to the Partners.
- This certificate of cancellation 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)
- The post office address, **including county**, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: Bruce Saltzberg, 4400 South Packers Avenue, Chicago, Illinois 60609 (Cook County)

BJE  
Box 340

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LPR304/28/03:01:0158: 75.00 CK02  
0014 000255 FILED 203

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

The original certificate of cancellation must be signed by **all general partners**.

### SIGNATURE AND NAME

1. Signature *Bruce Saltzman*

Type or print name and title \_\_\_\_\_  
Bruce Saltzman, Sole General Partner  
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 \_\_\_\_\_

(Signatures must be in **BLACK INK** on an original document be used on conformed copies.)

Carbon copy, photocopy or rubber stamp signatures may only

#### 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 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960  
<http://www.sos.state.il.us>

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