Form LP 201 (Rev. Jan. 1999)

Filing Fee \$75

Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 06/09/2003 11:50 AM Pg: 1 of 2

SUBMIT IN DUPLICATE!

File#

0011390

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 prepaid postage is included.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

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

1.	imited partnership's name: East Lake/West End J A, L.P.			
2.	The address, <b>including county</b> , 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) 2850 South Michigan Avenus. Chicago, IL 60616			
	COCK			
3.	Federal Employer Identification Number (F.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: Elzie L. Higginbottom First name Middle name Last name			
	Registered Office: 2850 South Michigan Avenue  Number Street Suite #			
	ti .O. Dox dione and			
	c/o are unacceptable) Chicago Cook Illinois 60616 City County ZIP Code			
6.	The limited partnership's purpose(s) is: to acquire the land (in fee simple or by leasehold) and thereafter			
	develop, own, lease, operate, finance and sell the rental housing complex to be located in Chicago, Illinois known as "New Rockwell Gardens, Phase I-A", and to engage in all activities related to the foregoing IRS Business Code Number is: 531110			
7.	Dissolution date is: Perpetual or(month, day, year)			

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RECORDING DESK BOX 170



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## **UNOFFICIAL COPY**

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8. The total aggregate dollar amount of cash, property a	and services contributed by all p	partners is		
\$100.00				
9. A brief statement of the partners' membership termination and distribution rights:				
Termination occurs only upon dissolution of the partnership. Upon dissolution, after payment of all				
debts and liabilities of the partnership and all expenses of liquidation, and subject to any reserves				
deemed necessary by the general partner, all remaining assets are to be distributed to the partners in				
accordance with their respective participating percentages.				
NAME(S) & BUSINES: ADDRESS(ES) OF GENERAL PA	ARTNER(S)			
The undersigned affirms, under canalties of perjury, that the	e facts stated herein are true.			
All general partners are required to sign the certificate of lin	mited partnership.			
00-111 9-011	,			
1. Signature Signature AND NAME 7	BUSINES Number/Street <u>2850 S.</u>	S ADDRESS Michigan Avenue		
Type or print name and title Elzie L. Higginboticar President of East Lake Management & Development Corp., the member of the Ceneral Partner	Chi	<del>-</del>		
Name of General Partner if a corporation or	Ô			
other entity East Lake/West End, LLC	State IL	ZIP Code 60616		
	70x,			
2. Signature	Number/St eet	Number/St eet		
Type or print name and title	City/town —	City/town		
Name of General Partner if a corporation or				
other entity	Chair	Chate 71D C		
other entity	State	ZIP Code		
3. Signature	Number/Street	<u></u>		
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 <b>BLACK INK</b> on an original document be used on conformed copies.)	t. Carbon copy, photocopy or ru	bber 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."		INIO DEGLE		

DO NOT SEND CASH!

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