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Form LP 203
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



Doc#: 0326819099
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 09/25/2003 11:43 AM Pg: 1 of 3

LPR309/23/03:01:5705: 75.00 0X02
S091L 8009093 FILED 2003

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)

201-4

- Limited partnership's name: Citadel Titan Partners L.P.
- File number assigned by the Secretary of State: S009093
- Federal Employer Identification Number (F.E.I.N.): 36-3997936
- The reason for filing this certificate of cancellation: The Partnership ceased all operations.
- 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: _____
ATTN: General Counsel
131 South Dearborn Street, 32nd Floor
Chicago, IL 60603 Cook County

RECORDING DESK
BOX 170

UNOFFICIAL COPY

Form LP 203
(Rev. Jan. 1999)

LPR309/23/03*01*5705:
SOSIL 5009033 FILED 203

75.00 CK02

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

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

SIGNATURE AND NAME

1. Signature _____ Type or print name and title _____ See attachment _____ Name of General Partner if a corporation or other entity Citadel Limited Partnership	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. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

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

RECORDING DESK
BOX 170

UNOFFICIAL COPY

Attachment to the Illinois Certificate of Cancellation of the Certificate of Limited Partnership
for
Citadel Titan Partners L.P.

Kenneth C. Griffin, Member of Citadel Investment Group, L.L.C., General Partner of GLB Partners, L.P., General Partner of Citadel Limited Partnership, General Partner of Citadel Titan Partners L.P.

Property of Cook County Clerk's Office

LPR309/23/03*01*5705* 75.00 0x02
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