

# UNOFFICIAL COPY



Form LP 203  
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!

Doc#: 0327647266

Eugene "Gene" Moore Fee: \$26.00

Cook County Recorder of Deeds

Date: 10/03/2003 01:52 PM Pg: 1 of 2

25.00 Ckd01

LPR305/22/03:01:1133:  
5051L 0003875 FILED 203

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: JMB City Centre Company, Ltd.
- File number assigned by the Secretary of State: C003875
- Federal Employer Identification Number (F.E.I.N.): 36-3195111
- The reason for filing this certificate of cancellation: The partnership is no longer conducting business in Illinois.
- 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: \_\_\_\_\_  
900 N. Michigan Ave., Chicago, IL 60611  
Cook Co

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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

<p>1. Signature <u>Kimberly Schwartz</u></p> <p>Type or print name and title <u>Kimberly Schwartz</u> <u>Asst. Secretary of JMB City Centre, Inc.</u></p> <p>Name of General Partner if a corporation or other entity <u>JMB City Centre, Inc.</u></p>	<p>2. Signature _____</p> <p>Type or print name and title _____</p> <p>Name of General Partner if a corporation or other entity _____</p>
<p>3. Signature _____</p> <p>Type or print name and title _____</p> <p>Name of General Partner if a corporation or other entity _____</p>	<p>4. Signature _____</p> <p>Type or print name and title _____</p> <p>Name of General Partner if a corporation or other entity _____</p>
<p>5. Signature _____</p> <p>Type or print name and title _____</p> <p>Name of General Partner if a corporation or other entity _____</p>	<p>6. Signature _____</p> <p>Type or print name and title _____</p> <p>Name of General Partner if a corporation or other entity _____</p>

(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."

**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>