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Form LP 201
(Rev. July 2003)

Filing Fee \$150



SUBMIT IN DUPLICATE!

File # **S020000**

Doc#: **0330119000**
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 10/28/2003 08:12 AM Pg: 1 of 2

Assigned by
Secretary of State

Return to: Department of
Business Services
Limited Partnership Section
Room 357, Howlett Building
Springfield, IL 62756
Telephone: (217) 785-8960
http://www.ilbcs.net

All correspondence regarding this
filing will be sent to the registered
agent of the limited partnership
unless a self-addressed envelope
is included.

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

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

LPR310/20/03:01:6630:
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1. Limited partnership's name: Roosevelt Square I Limited Partnership

2. The address of the office at which the records (including county) required by Section 104 are to be kept is: (P.O. Box alone and c/o are **unacceptable**) 350 West Hubbard Street, Suite #301, Chicago, Illinois 60610

3. Federal Employer Identification Number (F.E.I.N.): _____

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:	<u>Illinois Corporation Service Company</u>		
	First name	Middle name	Last name
Registered Office:	<u>801 Adlai Stevenson Drive</u>		
(P.O. Box alone is unacceptable)	Number	Street	Suite #
	<u>Springfield</u>	<u>Sangamon</u>	<u>Illinois 62703</u>
	City	County	ZIP Code

6. The limited partnership's purpose(s) is: the design, development, construction, ownership, and leasing of affordable rental housing located in the ABLA Homes / Roosevelt Square redevelopment project.

IRS Business Code Number is: #6511

7. The latest date, if any, upon which the limited partnership is to dissolve. December 31, 2043
(month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is (optional)

N/A

9. If agreed upon, a brief statement of the partners' membership termination and distribution rights: (optional)

N/a

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

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

BUSINESS ADDRESS

1. Signature _____

Number/Street 350 West Hubbard Street, #301

Type or print name and title Stephen F. Galler, as member

City/town Chicago

Name of General Partner if a corporation or other entity Roosevelt Square I LLC

State Illinois ZIP Code 60610

Member of LTD Group LLC, Member of LR Development Company, LLC, Member Of LR ABLA LLC, manager and Sole Partner of Roosevelt Square I, LLC

Type or print name and title _____

Number/Street _____

City/town _____

Name of General Partner if a corporation or other entity _____

State _____ ZIP Code _____

3. Signature _____

Number/Street _____

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 **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!