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Form LP 201
(Rev. Jan. 1999)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S019653

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 pre-
paid postage is included.



Doc#: 0330406092
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 10/31/2003 02:07 PM Pg: 1 of 2

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

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

1. Limited partnership's name: Cloherly Family Limited Partnership

2. The address, including county, 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) 975 Stonefield Circle, Inverness, IL 60067

Cook County

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: Debra A. Buettner
First name Middle name Last name
Registered Office: 33 W. Higgins Road, Suite 4100
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
South Barrington, IL 60010 Cook Illinois
City County ZIP Code

6. The limited partnership's purpose(s) is: Real Estate and investment management

IRS Business Code Number is: 531390

7. Dissolution date is: Perpetual or April 25, 2053
(month, day, year)

Syes
P2
Myes
Lr

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

Six Hundred Thousand dollars (\$600,000.00)

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9. A brief statement of the partners' membership termination and distribution rights:

Upon dissolution the Limited Partners have priority distribution rights
bearing a direct relation to their respective capital account balances.

Limited Partners have no rights to demand distributions except on termination,
nor any rights to demand partition or premature dissolution.

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.

1. Signature *Donna Lee Cloherty*

BUSINESS ADDRESS

Number/Street 975 Stonefield Circle

Type or print name and title Donna Lee Cloherty
General Partner

City/town Inverness

Name of General Partner if a corporation or
other entity _____

State Illinois ZIP Code 60067

2. Signature *Michael John Cloherty*

Number/Street 975 Stonefield Circle

Type or print name and title Michael John Cloherty
General Partner

City/town Inverness

Name of General Partner if a corporation or
other entity _____

State Illinois ZIP Code 60067

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."

Mail recorded certificate to:
Law Offices of Debra A. Buettner, P.C.
33 W. Higgins Road, Suite 4100
South Barrington, IL 60010

DO NOT SEND CASH!