

# UNOFFICIAL COPY

Form LP 201  
(Rev. July 2003)



Filing Fee \$150

Doc#: 0336310222  
Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 12/29/2003 03:21 PM Pg: 1 of 2

SUBMIT IN DUPLICATE!

File # S020175

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.ilsos.net

JESSE WHITE  
SECRETARY OF STATE  
STATE OF ILLINOIS

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

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

- Limited partnership's name: 6500 Woodlawn, L.P.
- 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) 2047 Orrington Avenue, Evanston, IL 60201, Cook County
- Federal Employer Identification Number (F.E.I.N.): Applied for
- 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)
- The limited partnership's registered agent's name and registered office address is:

Registered agent:	<u>David A. Grossberg</u>			
	First name	Middle name		Last name
Registered Office:	<u>233 S. Wacker Drive, Suite 6600</u>			
(P.O. Box alone is unacceptable)	Number	Street		Suite #
	<u>Chicago</u>	<u>Cook</u>	<u>Illinois</u>	<u>60606</u>
	City	County		ZIP Code

- The limited partnership's purpose(s) is: own and develop real estate
- IRS Business Code Number is: 531390

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

C LP-3.10

RETURN TO BOX 408  
ATTN: M. Bajack

LPR912/22/03:01:5122: 250.00 01022  
SOSIL S020175 FILED 201

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Form LP 201  
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LPR312/22/03:01:57:33: 250.00 OK02  
SOS IL 0020175 FILED 201

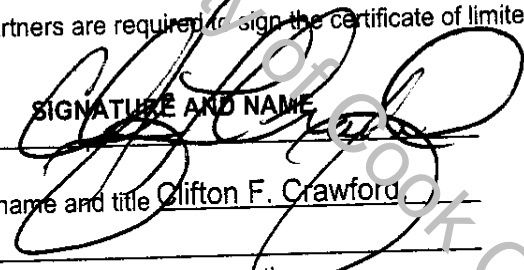
8. The total aggregate dollar amount of cash, property and services contributed by all partners is (optional)

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

### 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  **SIGNATURE AND NAME** Number/Street 2047 Orrington Avenue **BUSINESS ADDRESS**  
 Type or print name and title Clifton F. Crawford City/town Evanston  
Manager  
 Name of General Partner if a corporation or other entity Crawford Development Partners, L.L.C. State IL ZIP Code 60201

00671819

2. Signature \_\_\_\_\_ Number/Street \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_ 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!**