

Filing Fee \$75

SUBMIT IN DUPLICATE!

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

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GEORGE H. RYAN
Secretary of State
State of Illinois

File #
Assn # 08237 Date

CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

OFFICE USE ONLY

04031057

- Limited partnership name: 6000 King Drive Limited Partnership
- The address, including county, of the office at which the records required by Section 104 are to be kept is: (Post office box alone and c/o are unacceptable) One East Wacker Drive, Suite 2900, Cook County, Chicago, Illinois 60601
- 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:

COOK COUNTY RECORDER \$25.50
17777 TRAN 1386 12/08/94 14:58:00
\$7608 + DW * -04 -031057



MAIL TO Registered agent:

Registered agent:	Elvin	E. Charity
	First name	Middle name Last name
Registered Office:	20 North Clark Street	
(P.O. Box alone and c/o are unacceptable)	Number	Street Suite #
	Chicago	Cook Illinois 60602
	City	County Illinois Zip Code

- The limited partnership's purpose(s) is: To identify, acquire, and rehabilitate low-income multi-family residential rental properties in the area bounded by the north side of 60th Street on the north, 61st Street on the south, the east side of 6000 block of Martin Luther King Drive on the east and Calumet Avenue on the west, in Chicago, Illinois

IRS Industrial Code Number is: 6552

- Dissolution date is: Perpetual or December 31, 2025
(month, day, year)
- The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5) \$100
- A brief statement of the partners' membership termination and distribution rights:
In the event of a termination of the partnership each of the partners does hereby waive any and all rights to partition the Project or any other property of the partnership.

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10. 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. <u>60th & King Drive Joint Venture</u> (Signature) <u>the Partners of which are as follows:</u> (Type or print name and title) (Name of General Partner if a corporation or other entity)	1. <u>One East Wacker Drive, Suite 2900</u> Number Street <u>Chicago</u> City/town <u>Illinois</u> 60601 State Zip Code
2. <u>Jacqueline Adams (see back)</u> (Signature) <u>Jacqueline Adams, Executive Vice President</u> (Type or print name and title) By: <u>Neighborhood Reinvestment Resources Corporation</u> (Name of General Partner if a corporation or other entity)	2. <u>One East Wacker Drive, Suite 2900</u> Number Street <u>Chicago</u> City/town <u>Illinois</u> 60601 State Zip Code
3. <u>Sylvia A. Ruffin</u> (Signature) <u>Sylvia A. Ruffin, Vice President</u> (Type or print name and title) By: <u>Chicago Urban League Development Corporation</u> (Name of General Partner if a corporation or other entity)	3. <u>4510 South Michigan Avenue</u> Number Street <u>Chicago</u> City/town <u>Illinois</u> 60653 State Zip Code
4. _____ (Signature) _____ (Type or print name and title) (Name of General Partner if a corporation or other entity)	4. _____ Number Street _____ City/town _____ State Zip Code
5. _____ (Signature) _____ (Type or print name and title) (Name of General Partner if a corporation or other entity)	5. _____ Number Street _____ City/town _____ State Zip Code
6. _____ (Signature) _____ (Type or print name and title) (Name of General Partner if a corporation or other entity)	6. _____ Number Street _____ City/town _____ State Zip Code

Signatures must be in 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

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Re: **6000 King Drive Limited Partnership**
The Limited Partnership's general partner is an Illinois Joint Venture

1. Name of General Partner: 60th & King Drive Joint Venture
2. Date of General Partner's Formation: October 1, 1994
3. State and County where Joint Venture is located: Illinois, County of Cook
4. Office of Records for Joint Venture: One East Wacker Drive, Suite 2900,
Chicago, Illinois 60601
5. Names and Addresses of all partners:
 - (a) Chicago Urban League Development Corporation
4510 South Michigan Avenue
Chicago, Illinois 60653
 - (b) Neighborhood Reinvestment Resources Corporation
One East Wacker Drive, Suite 2900
Chicago, Illinois 60601

Joint Venture Statement:

60th & King Drive Joint Venture is presently in force and effect.

By: Neighborhood Reinvestment Resources Corporation,
General Partner

By: Jacqueline Aikin
Its: Executive Vice President

Subscribed to and sworn
before me this 2nd day
of December, 1994.

Avery
Notary Public
(SEAL) 

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Property of Cook County Clerk's Office

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