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File CO08298

Assigned by Secretary of State 04081454

Form LP 201
(Rev Jan 1991)

GEORGE H. RYAN
Secretary of State
State of Illinois

Filing Fee \$75

SUBMIT IN DUPLICATE!

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

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

04081454

OFFICE USE ONLY

1. Limited partnership's name: Amend Limited Partnership

2. 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) 2200 Waukegan Road

Glenview, Illinois 60025 COOK COUNTY

3. Federal Employer Identification Number (F.E.I.N.): 36 - 3990868

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)

COOK COUNTY RECORDER \$23.00
127777 TRAN 2434 12/29/94 11:20:00
49534 DW * - 04 - 08 1454

5. The limited partnership's registered agent's name and registered office address is: COOK COUNTY RECORDER

Registered agent: R&S Agents, Inc.

First name	Middle name	Last name
<u>55</u>	<u>East Monroe Street,</u>	<u>46th Floor</u>
<u>Chicago,</u>	<u>Cook,</u>	<u>Illinois</u>
<u>City</u>	<u>County</u>	<u>Zip Code</u>
<u>Number</u>	<u>Street</u>	<u>Suite #</u>
<u>60603</u>		

Registered Office: 55 East Monroe Street, 46th Floor
(P.O. Box alone and c/o are unacceptable)

6. The limited partnership's purpose(s) is: To acquire, own, maintain, operate, sell, lease, develop, finance, dispose of and otherwise invest in and deal with the Natoma Property and any other real or personal property and to engage in any other activities related or incidental thereto, including the sale or disposition of all the Partnership's assets.

IRS Industrial Code Number is: 6511

7. Dissolution date is: Perpetual or December 31, 2025
(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5) \$ 65,000.00.

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

Membership Rights - To share in the earnings of the Partnership. Termination Rights - To receive their shares of partnership assets after payment of or provision for partnership debts.

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

10.

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)
GEORGE B. AMEND, General Partner

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

2. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

3. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

4. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

5. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

6. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

1. 2200 Waukegan Road

Number Street
Glenview

City/town
Illinois 60025

State Zip Code

2. _____
Number Street

City/town

State Zip Code

3. _____
Number Street

City/town

State Zip Code

4. _____
Number Street

City/town

State Zip Code

5. _____
Number Street

City/town

State Zip Code

6. _____
Number Street

City/town

State Zip Code

03081954

(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 330, Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960