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FILING DEADLINE IS
PRIOR TO

12 / 1993
month, day, year

Form LP 1108
(Rev. Jan. 1991)

Filing Fee \$15

SUBMIT IN DUPLICATE!

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT
(Illinois or foreign limited partnership)

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.

OFFICE USE ONLY

04001474

04001474

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

1. Limited partnership's name: _____

ROVINGTON CENTER LIMITED PARTNERSHIP - A7

2. Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept: (Post office box alone and c/o are unacceptable) _____

100 N. WACKER SUITE 500
CHICAGO ILLINOIS 60606 04001474

3. File number assigned by the Secretary of State: 0004939

4. Federal Employer Identification Number (F.E.I.N.): 36-3071886 DEPT-01 RECORDING \$23.00

17777 TRAN 2438 12/29/93 11:45:00
5954 + DW # 14 - 08 1474
COOK COUNTY RECORDER

5. Assumed name, if any: _____

N/A

6. Admitting name, if any (foreign only): _____

~~ROVINGTON CENTER LIMITED PARTNERSHIP - A7~~

7. Registered agent: E THOMAS, JR. First name Middle name Last name COLLINS

Registered Office: 100 N. WACKER Number Street Suite #
(P.O. Box alone and c/o are unacceptable) CHICAGO City COOK County Illinois 60606 Zip Code

8. State of jurisdiction: DELAWARE, if foreign, that this limited partnership is validly existing as a limited partnership under the laws of DELAWARE as of this date and that it still exists in Illinois.

7300
JAH

BOX 416

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I affirm that any entity serving as a general partner for this limited partnership is in good standing in its home state of jurisdiction.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.

E. THOMAS COLLINS, JR.

(Signature)

GENERAL PARTNER

(Type or print name and title)

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

(Signature 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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Property of Cook County Clerk's Office