

# UNOFFICIAL COPY

Form LP 203  
(Rev. Jan. 1999)

Filing Fee \$25



Doc#: 0420139046  
Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 07/19/2004 10:16 AM Pg: 1 of 2

SUBMIT IN DUPLICATE!

LPR307/12/04:01:8120: 25.00 OK01  
SOSIL 0002506 FILED 203

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.

JESSE WHITE  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF CANCELLATION  
OF THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

1. Limited partnership's name: Delray Housing Associates, Ltd.
2. File number assigned by the Secretary of State: C002506
3. Federal Employer Identification Number (F.E.I.N.): 36-3232205
4. The reason for filing this certificate of cancellation: The limited partnership has ceased doing business.
5. This certificate of cancellation 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)
6. The post office address, **including county**, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: c/o Robert W. Newman  
225 West Wacker Drive, Suite 2800, Chicago, Illinois 60606, Cook County

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LPR307/12/04:01:9120: 25.00 CK01  
SOSIL 0002506 FILED 203

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

The original certificate of cancellation must be signed by **all general partners**.

**SIGNATURE AND NAME**

1. Signature Robert W. Newman  
Type or print name and title Robert W. Newman,  
General Partner  
Name of General Partner if a corporation or other entity  
\_\_\_\_\_

2. Signature Laurence B. Lewis  
Type or print name and title Laurence B. Lewis,  
General Partner  
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  
\_\_\_\_\_

(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!**

**RETURN TO:**

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

**Box 195 (E. Robiso)**