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Form LP 203
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



Doc#: 0423211061
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 08/19/2004 09:54 AM Pg: 1 of 2

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)

- Limited partnership's name: Manufactured Housing Communities Limited Partnership-012R
- File number assigned by the Secretary of State: C006607
- Federal Employer Identification Number (F.E.I.N.): 36-3801440
- The reason for filing this certificate of cancellation: The assets of the Limited Partnership were disposed of on June 30, 2004.
- 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)
- 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: 6547 N. Avondale, Suite 301, Chicago, Illinois 60631

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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 _____

Type or print name and title Edward C. Zeman,
President

Name of General Partner if a corporation or other entity
Zeman MHC 012R, Inc.

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

(Signatures must be in **BLACK INK** on an original document be used on conformed copies.)

Carbon copy, photocopy or rubber stamp signatures may only

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
<http://www.sos.state.il.us>

Return To: Premier Corporate Services
200 West Adams, Ste 2007
Chicago, IL 60606