

# UNOFFICIAL COPY

Form LP 203  
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



Doc#: 0500303006  
Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 01/03/2005 09:19 AM Pg: 1 of 2

LPR312/29/04:01:5065:  
SOSIL 5015457 FILED 203  
25.00 0601

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: VJAC Limited Partnership
- File number assigned by the Secretary of State: SO 15457
- Federal Employer Identification Number (F.E.I.N.): 364300862
- The reason for filing this certificate of cancellation: Limited Partnership has ceased all activity and distributed it's assets.
- 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: Timothy G. Carroll, 70 W. Madison, Ste. 620, Chicago Illinois 60602, Cook County

# UNOFFICIAL COPY

Form LP 203  
(Rev. Jan. 1999)

LPR312/29/04:01:5065: 25.00 CK01  
SOSIL 9015457 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 *James A. Carroll*  
Type or print name and title James A. Carroll,  
trustee

2. Signature *Timothy G. Carroll*  
Type or print name and title Timothy G. Carroll,  
trustee

Name of General Partner if a corporation or other entity  
James A. Carroll Trust UAD 6-22-92

Name of General Partner if a corporation or other entity  
James G. Carroll Irrevocable  
Trust UAD-2-12-98

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 or carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

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

PROPERTY OF COOK COUNTY CLERK'S OFFICE  
RECEIVED DESK  
NOV 17 2004