

# UNOFFICIAL COPY

CK01

25.00

LPR306/08/04:01:5862: SOSIL 5001262 FILED 203

Form LP 203  
(Rev. Jan. 1999)



Doc#: 0502639066  
Eugene "Gene" Moore Fee: \$26.50  
Cook County Recorder of Deeds  
Date: 01/26/2005 11:38 AM Pg: 1 of 2

Filing Fee \$25

SUBMIT IN DUPLICATE!

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: Arlington Heights Medical Building
- File number assigned by the Secretary of State: 5001262
- Federal Employer Identification Number (F.E.I.N.): 36-3277639
- The reason for filing this certificate of cancellation: Building sold

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: 750 N. RUSH ST. #2001

Chicago, IL 60611

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LPR308/08/04:01:6862: 25.00 CK01  
SOSIL 5001262 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 <u></u> | 2. Signature _____   |
| Type or print name and title <u>Bruce R. Bachman</u>  | Type or print name and title _____                             |
| <u>General Partner</u>  | _____  |
| Name of General Partner if a corporation or other entity _____  | Name of General Partner if a corporation or other entity _____ |
| 3. Signature _____  | 4. Signature _____   |
| Type or print name and title _____  | Type or print name and title _____                             |
| _____   | _____  |
| Name of General Partner if a corporation or other entity _____  | Name of General Partner if a corporation or other entity _____ |
| 5. Signature _____  | 6. Signature _____   |
| Type or print name and title _____  | Type or print name and title _____                             |
| _____   | _____  |
| Name of General Partner if a corporation or other entity _____  | 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  
<http://www.sos.state.il.us>