

# UNOFFICIAL COPY

Form LP 203  
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



Doc#: 0503139109  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 01/31/2005 03:01 PM Pg: 1 of 2

LPR301/24/05:01:6004:  
S05IL 5009528 FILED 203

25.00 CK01

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: Namtor - Chicago Fund Limited Partnership
2. File number assigned by the Secretary of State: S009528
3. Federal Employer Identification Number (F.E.I.N.): 363804284
4. The reason for filing this certificate of cancellation: dissolution of partnership
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: Ephraim & Associates, P.C., 108 W. Grand Ave., Chicago, IL 60610 (Cook County)

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Property of Cook County Clerk's Office

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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 *E. Langefeld*  
 Type or print name and title Edward Langefeld,  
vice president  
 Name of General Partner if a corporation or other entity  
Nantor, Inc., sole general partner

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>