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Form LP 203
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



Doc#: 0505502300
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 02/24/2005 01:10 PM Pg: 1 of 2

LPR302/01/05:01:6317: 75.00 CK02
SOSIL C005083 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)

- Limited partnership's name: Universal City Associates
- File number assigned by the Secretary of State: C005083
- Federal Employer Identification Number (F.E.I.N.): 36-3200372
- The reason for filing this certificate of cancellation: The limited partnership no longer conducts any business and has no 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: _____
1201 N. Clark Street, Suite 300
Chicago, IL 60610
Cook County

JDJ
Box 340

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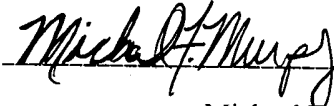
The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

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

SIGNATURE AND NAME

1. Signature 

Type or print name and title Terry A. McKay
Chairman
Name of General Partner if a corporation or other entity
Capital Associates Development Corp., Gen'l Ptr

2. Signature 

Type or print name and title Michael F. Murphy
Senior Vice President
Name of General Partner if a corporation or other entity
C.R.H.C., Incorporated, General Partner

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 "Sec-
retary 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>

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