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25.00

LPR306/17/05:01:1189:
SOSIL S000041 FILED 203

Form LP 203 January 2005

Filing Fee: \$25

Submit in duplicate. 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.
Please do not send cash.

Department of Business Services
Limited Partnership Division
357 Howlett Building
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.



Doc#: 0517558063

Eugene "Gene" Moore Fee: \$26.00

Cook County Recorder of Deeds

Date: 06/24/2005 12:39 PM Pg: 1 of 2

Illinois Secretary of State Department of Business Services Certificate of Cancellation or Termination of the Certificate of Limited Partnership (Illinois Limited Partnership)

Please type or print clearly.

- Limited Partnership name: COURTYARD AT STRATFORD LIMITED PARTNERSHIP
- File number assigned by Secretary of State: S000041
- Federal Employer Identification Number (F.E.I.N.): 363293520
- Reason for filing a Certificate of Cancellation: THIS LIMITED PARTNERSHIP IS NOW REGISTERED AS AN LLC # 00603635
- This Certificate of Cancellation is effective on (check one):
 filing date
 a later date, but not more than 60 days subsequent to filing date 5-26-05
Date (month, day, year)
- 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/her (P.O. Box only is unacceptable):
MONTE C. STRUSINER
401 HUEHL ROAD SUITE 1A
NORTHBROOK, ILLINOIS 60062

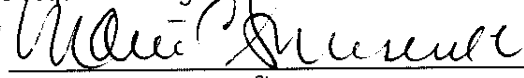
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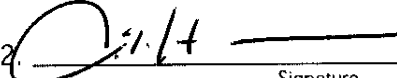
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Names and Business Addresses of all General Partners

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. All general partners are required to sign the Certificate of Cancellation.

1. 
 Signature
MONTE C. STRUSINER, GENERAL PARTNER
 Name and Title (type or print)

2. 
 Signature
Rick Strusiner, General Partner
 Name and Title (type or print)

General Partner Name if corporation or other entity
401 HUEHL ROAD SUITE 1A
 Street Address
NORTBROOK, ILLINOIS 60062 COOK
 City, State, ZIP, County

General Partner Name if corporation or other entity
 Street Address
 City, State, ZIP, County

3. _____
 Signature

 Name and Title (type or print)

 General Partner Name if corporation or other entity

 Street Address

 City, State, ZIP, County


4. _____
 Signature

 Name and Title (type or print)

 General Partner Name if corporation or other entity

 Street Address

 City, State, ZIP, County

**Signatures must be in  on an original document.
 Carbon copy, photocopy or rubber stamp signatures
 may only be used on conformed copies.**